

Name
in
Full

Robert Anderson

CERTIFICATE OF DEATH

Died at *Meriton* ^{Town}*Washington* ^{County}

MARYLAND

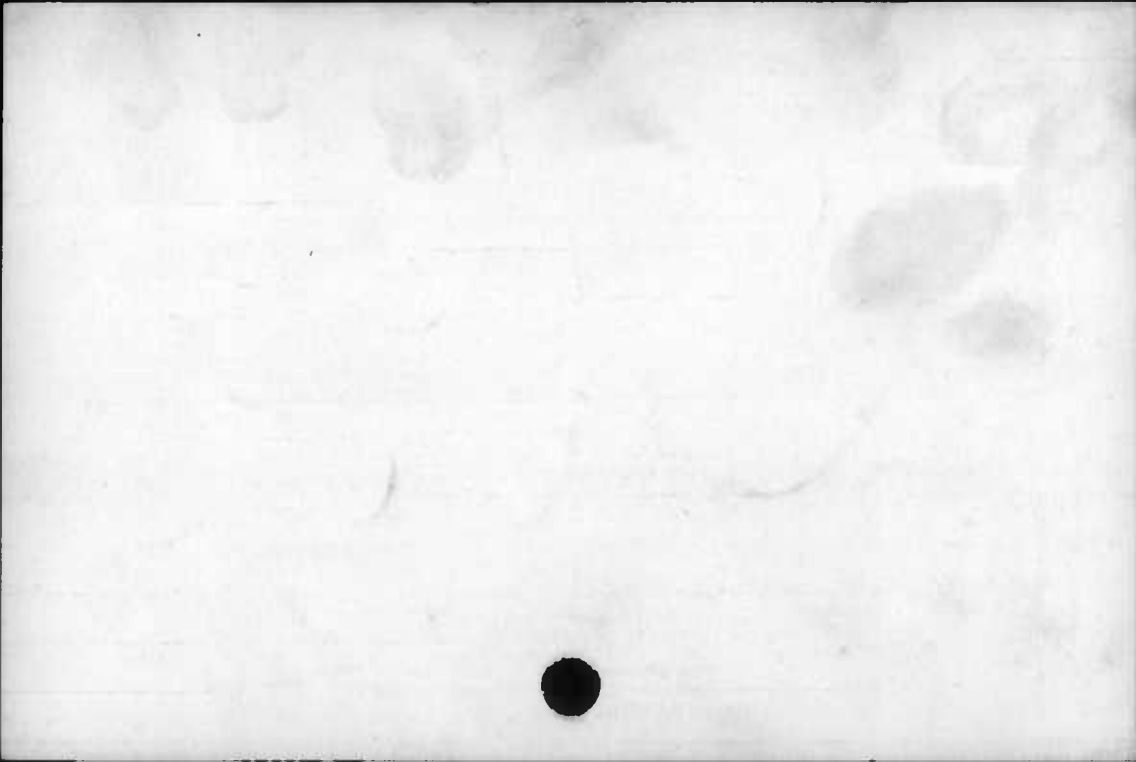
Date of death 1909 ^{Month} 7 ^{Day} 7 Age ^{Years} 79 ^{Months} 4 ^{Days} 7Sex *Male* Color or Race *African* Birth-place *Staunton, Va*Occupation *Brick-layer* Where Residing if not at place of deathMarried, Single & Widowed *Married* Name of Wife or Husband *Caroline Anderson*Father's Name *William Anderson* Father's Birthplace *Va*Mother's Maiden Name *Unknown* Mother's BirthplaceName of person giving information *Peter Harris* How related to deceased *Son in Law*

CAUSES OF DEATH

Primary *Anasarcia* How long *3 1/2 years*Immediate *11*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. L. Young*
Address *Brownsville Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>State Line</i> Town			County <i>Washington</i>			MARYLAND		
Date of death <i>1909</i>		Month <i>July</i>	Day <i>8</i>	Age <i>27</i>		Years <i>8</i>		Months <i>4</i>
Sex <i>female</i>		Color or Race <i>W</i>		Birth-place <i>Franklin Co Pa</i>				
Occupation <i>Housekeeper</i>				Where Residing if not at place of death <i>State Line</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Abram Baer</i>						
Father's Name <i>Peter Shank</i>				Father's Birthplace <i>Wash Co Md</i>				
Mother's Maiden Name <i>Martha Groves</i>				Mother's Birthplace <i>Franklin Co Pa</i>				
Name of person giving information <i>Abram Baer</i>				How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

ARBrewster

Primary *Toxaemia of Gestation -*

Immediate *Sudden Heart Failure*

How long

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*D. C. R. Miller**Marston Ind Dixon Pa*

Accident or Suicide?

No

A. R. Brewster

Name
in
Full

Anna Mildred Barluk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Mt Union* ^{Town} *Wash* ^{County} **MARYLAND**
 Date of death 1909 *7* ^{Month} *28* ^{Day} Age *—* ^{Years} *2* ^{Months} *3* ^{Days}
 Sex *female* Color or Race *white* Birth-place *Md.*
 Occupation *—* Where Residing if not at place of death *—*

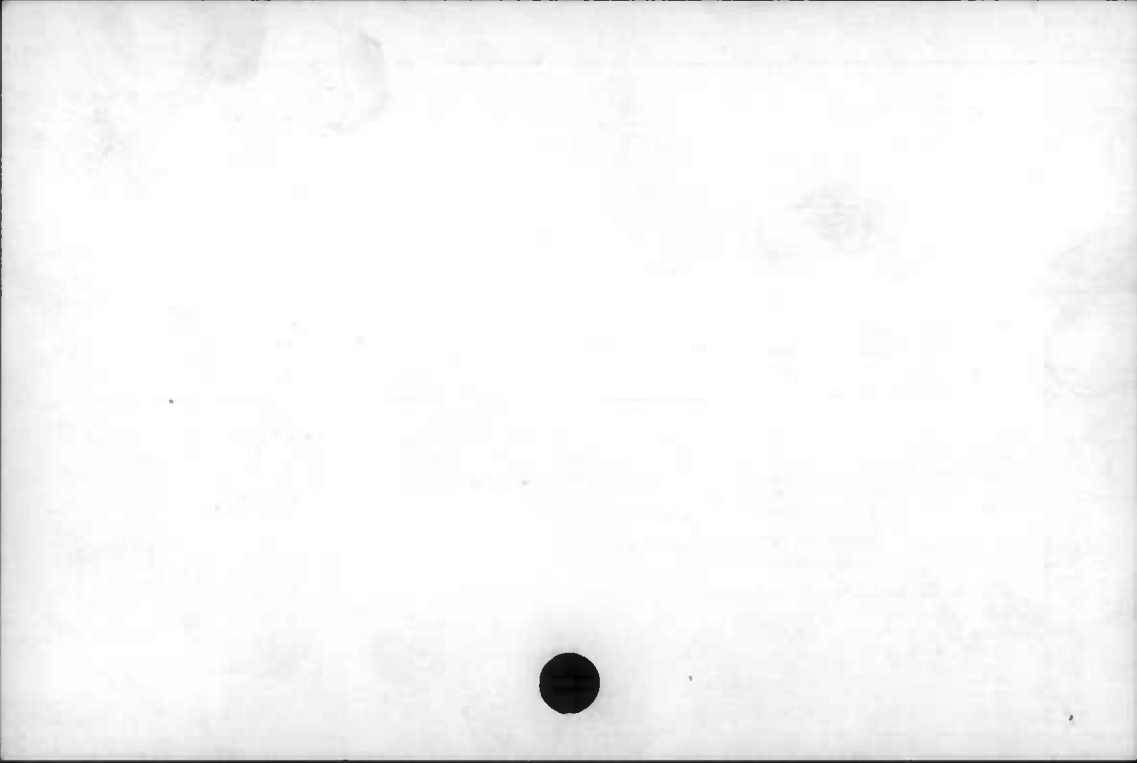
Married, Single or Widowed *single* Name of Wife or Husband *—*
 Father's Name *P. Keller Barluk* Father's Birthplace *Md.*
 Mother's Maiden Name *Sophia Cowgill* Mother's Birthplace *Ohio*
 Name of person giving Information *P. K. Barluk* How related to deceased *father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Premature birth* How long *151*
 Immediate *General Debility* How long *63 days*
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician *J. H. Wisbard*
 Address *Leitersburg Md.*
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDMrs. Lucinda Barnes
Town County

Died at Hagerstown Wash.

MARYLAND

Date of death 1909 7 11 Age 68
Month Day Years Months Days

Sex Female Color or Race white Birth-place Va

Occupation H. W. Where Residing if not at place of death

Married, Single or Widowed widow Name of Wife or Husband George W. Barnes

Father's Name Ezra Munson Father's Birthplace Va

Mother's Maiden Name Levina Markwood Mother's Birthplace "

Name of person giving Information Mrs Meta Sterling How related to deceased daughter

CAUSES OF DEATH

Primary Endocarditis Rhephritis How long 79 10 1/2 years

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John Duillen

Address Hagerstown Md

Accident or Suicide m

PHYSICIAN
OR CORONER

C. M. Suter & Sons



2.
1880

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John C Bell* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* Date of death 190*9* Month *July* Day *20* Age *37* Years Months *—* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Md*

Occupation *Cook* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Annie Whiting*

Father's Name *Arthur Taylor* Father's Birthplace *Md*

Mother's Maiden Name *Ann Bell* Mother's Birthplace *Md*

Name of person giving Information *Annie Bell* How related to deceased *Wife*

CAUSES OF DEATH

112 X

PHYSICIAN
OR CORONER

Primary *Cirrhosis of Liver* How long *About 1 year*

Immediate *Exhaustion* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. B. Wilson*

Address *243 N. Jonathan St Hagerstown Md.*

Accident or Suicide *no*

Д.К. Бурман
Рос. Н.И.

Name
in
Full

Alice G. Bender

CERTIFICATE OF DEATH

Died at		Town Sharpsburg		County Washington		MARYLAND	
Date of death		1909	Month July	Day 26	Age —	Years —	Months 4
Sex Female		Color or Race White		Birth- place Sharpsburg		Days 9	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed		Single		Name of Wife or Husband —			
Father's Name		Webster Bender		Father's Birthplace		Sharpsburg	
Mother's Maiden Name		Myrtle Webb		Mother's Birthplace		Sharpsburg	
Name of person giving In formation		Webster Bender		How related to deceased		Father	

CAUSES OF DEATH

179

Y

PHYSICIAN OR CORONER	Primary	Malnutrition		How long	about a month
	Immediate	Drunk		How long	1 week
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
				Address	
Accident or Suicide?				E. L. Gantt Sharpsburg, Md.	

Phas. S. Wade
undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Charles Betts

Died at ^{Town}Speckers Mill

County Washington

MARYLAND

Date of death 1909 July 10

Age —

Months —

Days 0

Sex Male Color or Race White

Birth-place Speckers Mill

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Chas J. Betts

Father's Birthplace

Fidlersburg-

Mother's Maiden Name

Lucretia Maryland

Mother's Birthplace

Speckers Mill

Name of person giving Information

Jacob J. Betts

How related to deceased

Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Malnutrition

How long

Four weeks

Immediate

Prostration

How long

Short time

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

W. S. Richards

Address

Williamport

Accident or Suicide

No.

July 10-1909

Interred in Riverview Cemetery

J. F. Krups

Undertaker
JF

Name
in
Full

Still born child of Walter & Minnie Bolz

CERTIFICATE OF DEATH

Died at Hagerstown Md. MARYLAND

Date of death 1909 7 13 Age — Months — Days —

Sex male Color or Race white Birth-place Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Walter W. Bolz Father's Birthplace Germany

Mother's Maiden Name Minnie Palmer Mother's Birthplace Maryland

Name of person giving Information W. W. Bolz How related to deceased father.

CAUSES OF DEATH

Primary Difficult Labor - How long —

Immediate ✓ How long ✓

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician W. W. Bolz

Address Hagerstown Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

C. M. Suter & Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Susan S Brown*

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death 190 *9* *July* *18* Age *31* Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Md*

Occupation *House work* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Leroy Brown*

Father's Name *Moses Suresh* Father's Birthplace *Md*

Mother's Maiden Name *Lucie Lyles* Mother's Birthplace *Md*

Name of person giving Information *Leroy Brown* How related to deceased *Husband*

CAUSES OF DEATH

Primary *acut military Tuberculosis* How long *3 weeks*

Immediate *Cardiac Failure* How long *5 or 6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

A. B. Wilson, M.D.

Address

*243 N. Jonathan St
Hagerstown Md.*

Accident or Suicide

*no.*PHYSICIAN
OR CORONER

A. T. Lyman
New York

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Geo. M. Carbaugh* Town *Hagerstown* County *Washington* Maryland

Died at *Hagerstown Washington*

Date of death 190*7* Month *7* Day *20* Age *46* Years Months *9* Days *28*

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *Carpenter* Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Jda Bloyer*

Father's Name *Daniel Carbaugh* Father's Birthplace *Pa*

Mother's Maiden Name *Susan Fry* Mother's Birthplace *Pa*

Name of person giving Information *Jda Bloyer* How related to deceased *Wife*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *asthma superinduced by overeating* How long *1 yr.*

Immediate *Acute dilatation of heart* How long *2 hrs.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of
Physician

Address

F. M. Hoffmeyer
17 W Washington St
Hagerstown Md

Accident or Suicide

S. M. Hatheris.
Broad fording.

Name
in
Full

Fredrick Paul Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

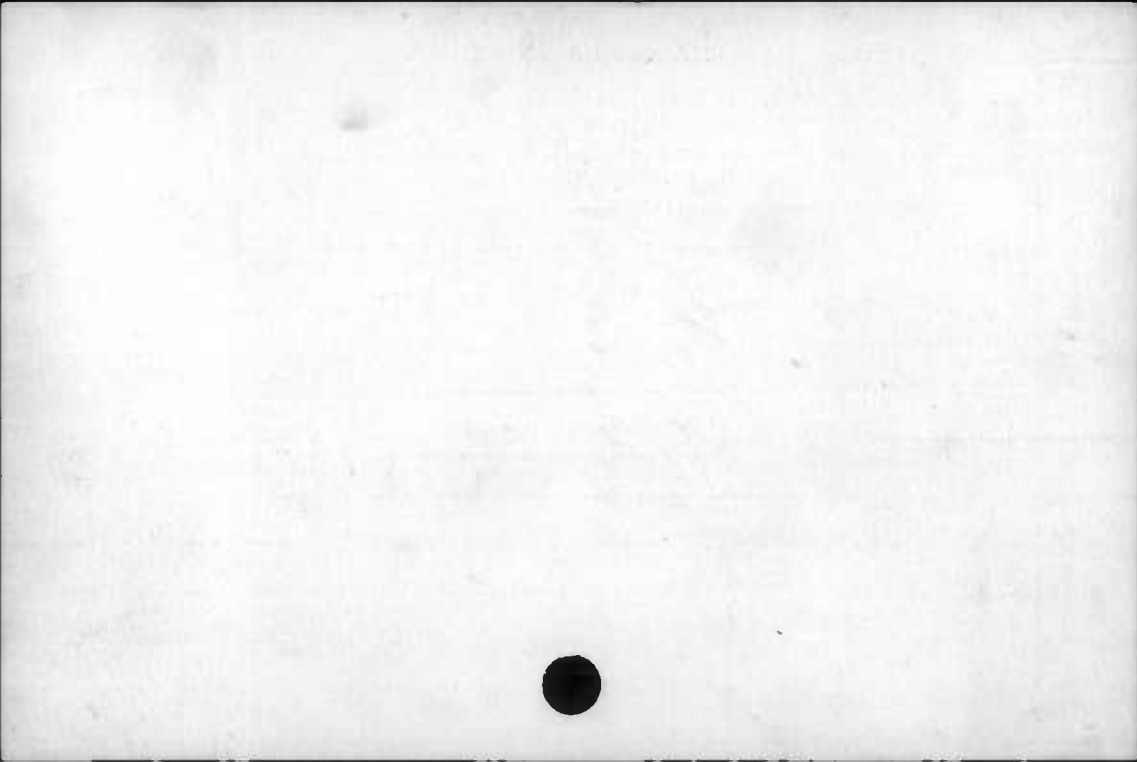
Died at		Town Frankstown		County Washington		MARYLAND	
Date of death	1909	Month 7	Day 25	Age Years	Months 9	Days 21	
Sex	Male		Color or Race	White		Birth- place	Frankstown
Occupation				Where Residing if not at place of death			
Married, Single Widowed			Name of Wife or Husband				
Father's Name			Charles Black			Father's Birthplace	
Mother's Maiden Name			Louise Roof			Mother's Birthplace	
Name of person giving information			Charles Black			How related to decedent	
						Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Eutero Colitis	How long	2 weeks
Immediate	Inanition	How long	3 days &.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. F. S. Newcome	
Address		Frankstown, Md.	
Accident or Suicide?			



Name
in
Full

Clyde Wm Crawford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tammy Row</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>31</u> <small>Age</small>	<u>31</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>1</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>John Wesley Crawford</u>	Father's Birthplace <u>North Mountain W Va</u>				
Mother's Maiden Name <u>Blanch Edna Miller</u>	Mother's Birthplace <u>Kemp Mill</u>				
Name of person giving information <u>J. W. Crawford</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

150 X

PHYSICIAN
OR CORONER

Primary <u>Deformed Chest</u>	How long <u>Self harm</u>
Immediate <u>Prostration</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. R. [Signature]</u>
	Address <u>Willsport Md</u>
Accident or Suicide? <u>No</u>	

August 1st 1929.

Interment by J. F. Keps. Undertaker
in Riverview Cemetery
Williamport. Md.

Name
in
Full

Emma Cutschaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

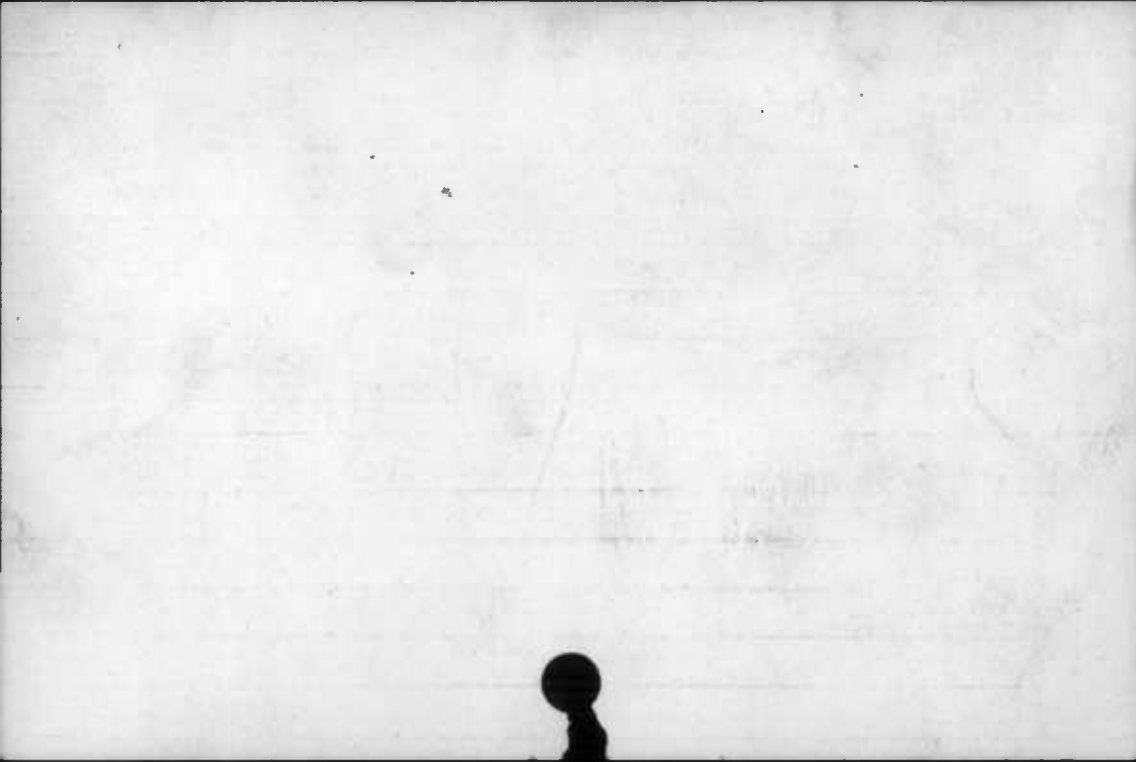
Died at ^{Town} Indian Springs ^{County} district Washington
 Date of death 1909 July 4 Age 25 Months Days
 Sex Female Color or Race white Birth-place Pa
 Occupation Housewife Where Residing if not at place of death Indian Springs
 Married, Single or Widowed married Name of Wife or Husband David Cutschaw, Jr.
 Father's Name Father's Birthplace not known
 Mother's Maiden Name not known Mother's Birthplace Pa
 Name of person giving information David Cutschaw, Jr. How related to deceased Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary old age How long
 Immediate neglect How long
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician none
 Address
 Accident or Suicide? J. Harry Moore, Jr.



Name
in
Full

CERTIFICATE OF DEATH

Lulu Lorraine Cross

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Two Locks ^{County} Washington

Date of death 1909 ^{Month} July ^{Day} 10th ^{Years} Age 4 ^{Months} 18 ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Washington Co. Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

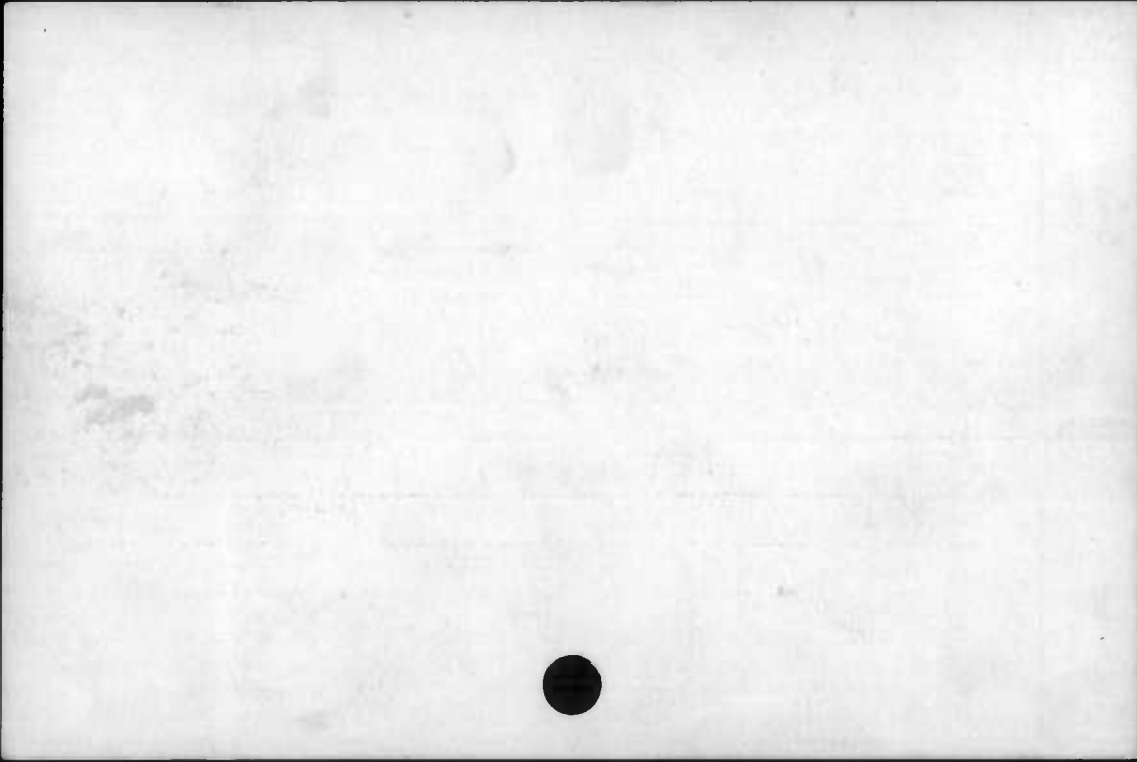
Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Annville Irene Davis

CERTIFICATE OF DEATH

Died at Dan No 4.

Town

Washington

County

MARYLAND

Date of death 1909 July

Month

18

Day

Age

Years

Months

20

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

Baby

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Alva H. Davis

Father's
Birthplace

Md

Mother's
Maiden Name

Milcah Grimes

Mother's
Birthplace

Md

Name of person giving
In formation

Mrs A. H. Davis

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Cholera colitis

How long

4 weeks

Immediate

cholera infantum

How long

18 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

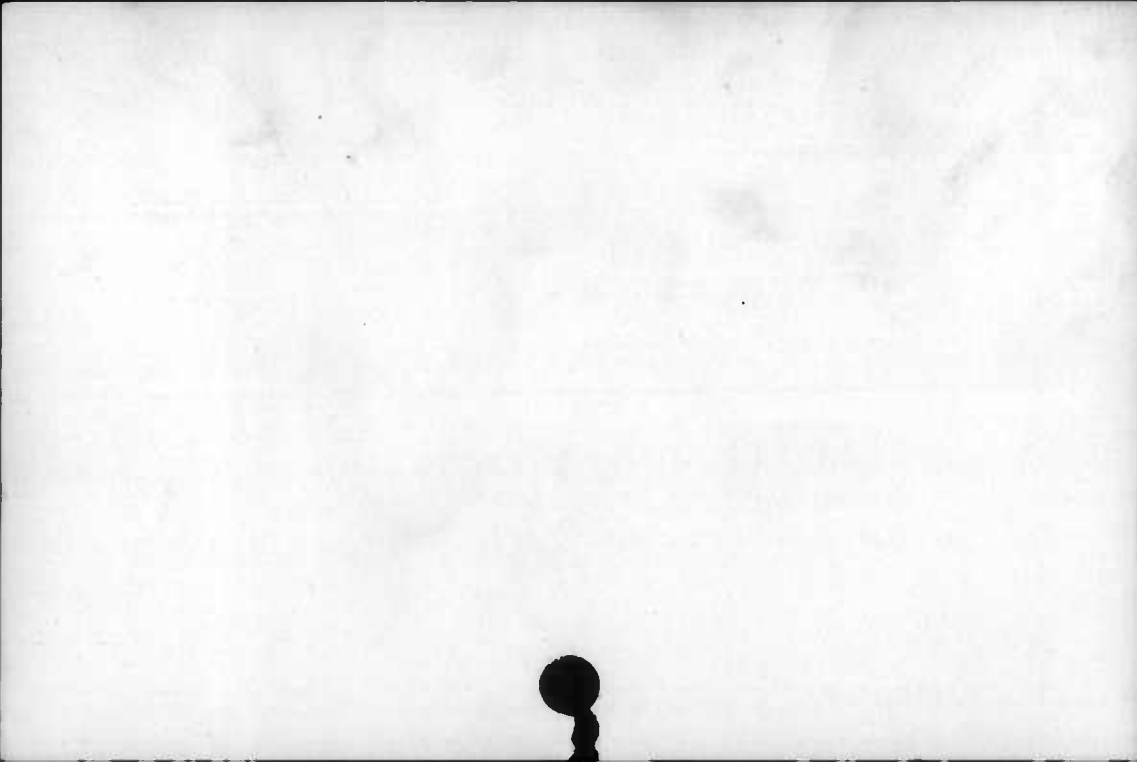
Signature of
Physician

Address

U. M. Reichard
Fairplay.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Frisley J. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brownson</u>		County <u>Wash.</u>		MARYLAND	
Date of death 1909 <u>July 11</u>		Age <u>71</u>		Months <u> </u> Days <u> </u>	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Brownson</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Brownson</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Harriet Brantner</u>				
Father's Name <u>Elias Davis</u>	Father's Birthplace <u>Wash Co.</u>				
Mother's Maiden Name <u>Annetta Seibert</u>	Mother's Birthplace <u>"</u>				
Name of parson giving Information <u>Dr. S. S. Davis</u>		How related to deceased <u>Nephew</u>			

CAUSES OF DEATH

Primary <u>Paralysis</u>	How long <u>24 hours</u>
Immediate <u>Gen. Debility</u>	How long <u>1 year</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. S. Davis</u>
	Address <u>Brownson Md</u>
Accident or Suicide	

PHYSICIAN
OR CORONER

Brining & Bast
Medicine Men

Name
In
Full

CERTIFICATE OF DEATH

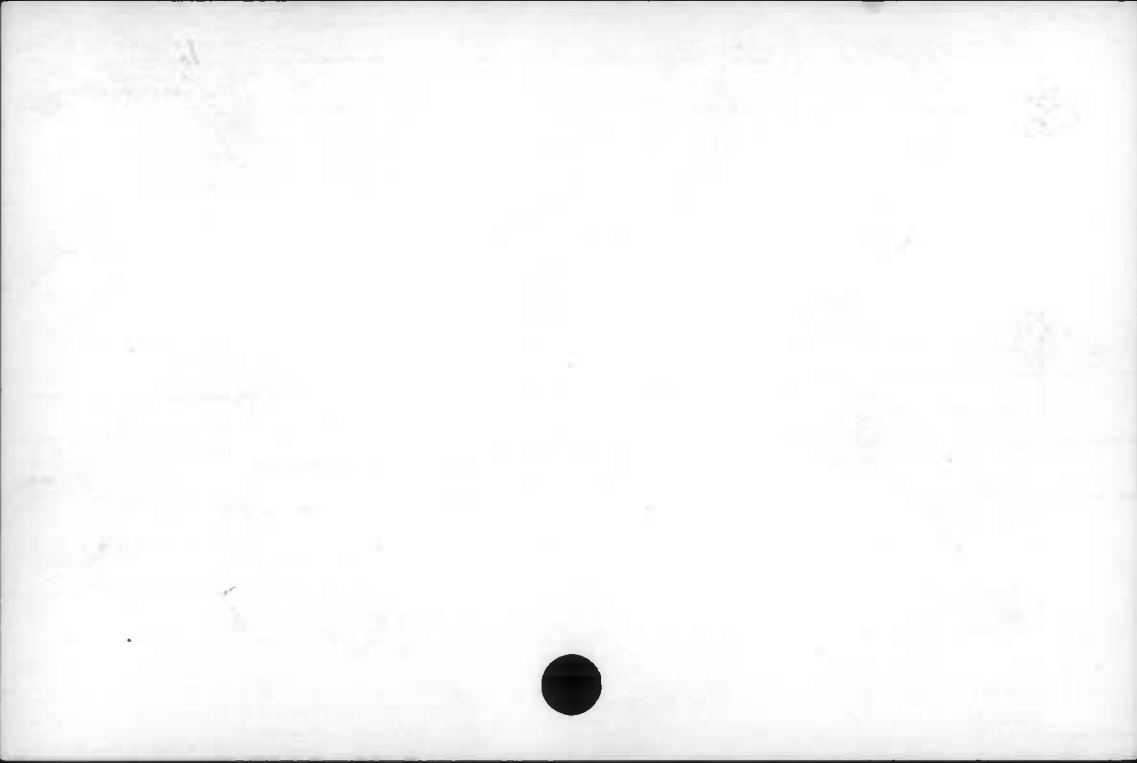
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Clear Spring Dist. Wash*Date of death *1909* *July* *10* *Age* *3-6* *8* *24*Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *Distiller & Farmer* Where Residing if not at place of deathMarried, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *Mary Martin*Father's Name *James Draper* Father's Birthplace *Ind*Mother's Maiden Name *Maria Zimmerman* Mother's Birthplace *"*Name of person giving Information *Mrs Binkley* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Paralysis* How long *Five years*Immediate *Exhaustion* How long *3 months*Are the name, age, sex, color, data and place correctly given above? *yes*Signature of Physician *Theo Boase*Address *Clear Spring, Md.*Accident or Suicide *✓*PHYSICIAN
OR CORONER



Name
in
Full

Viola Hayett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

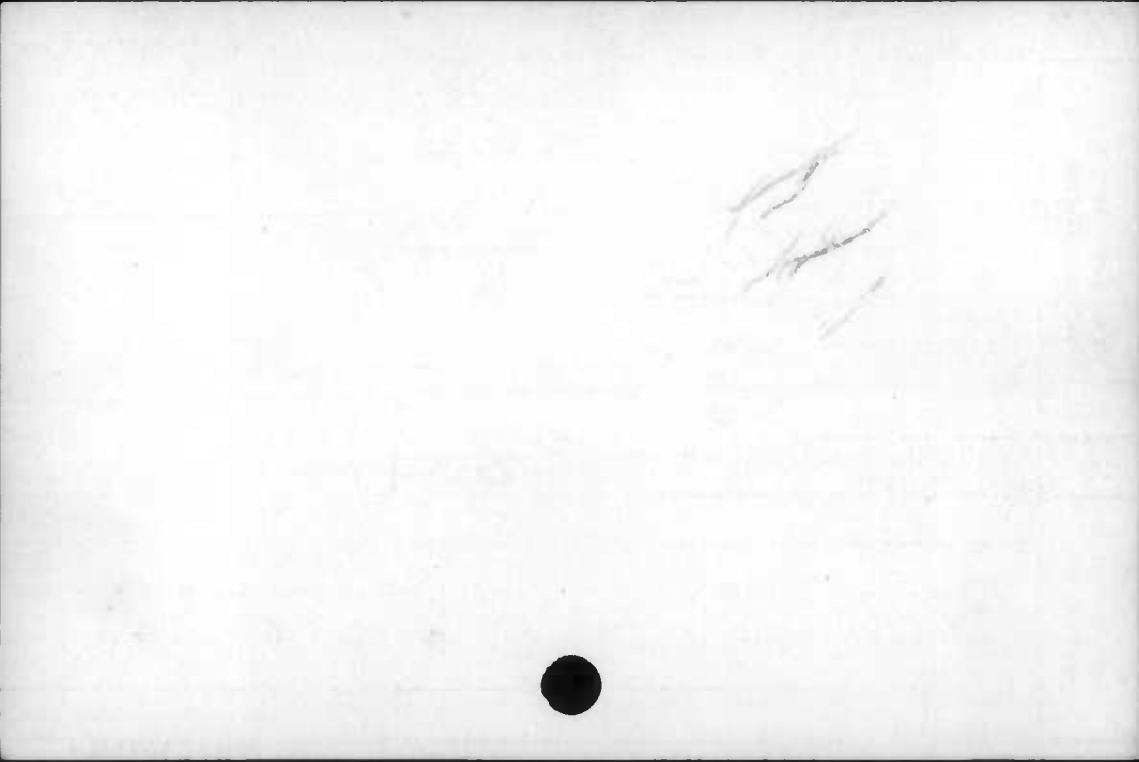
Died at <i>Round Top</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>30</i>	Age	Years <i>6</i>	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Round Top</i>		
Occupation			Where Residing if not at place of death <i>R. Top</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Erastus Hayett</i>			
Father's Name <i>Erastus Hayett</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Bertha Barnharts</i>			Mother's Birthplace <i>Iowa</i>		
Name of person giving information <i>Joseph Hayett</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Colonitis</i>	How long <i>1 week</i>
Immediate <i>Septic Infection</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. D. Yabber</i>
	Address <i>Hancock,</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Harry Flood

Town

County

Died at

Near Mercersville

Washington

MARYLAND

Date

of death 1909

Month

7

Day

11

Years

Age 25

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Jeff. Co. M. Va

Occupation

Laborer

Where Residing if not
at place of death

Jeff. Co. M. Va

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Wm.

Flood

Father's
Birthplace

W. Va -

Mother's
Maiden Name

Miss Athey

Mother's
Birthplace

H. Va -

Name of person giving
Information

J. H. Gardner

How related
to deceased

None

CAUSES OF DEATH

172

Primary

Drowning

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. H. Gardner

Address

Charleston W. Va

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

G. H. Ferrell
undertaker

Name
in
Full

Lauana Fohner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at ^{Town} Big Pose ^{County} Washington ^{MARYLAND}

Date of death 1909 ^{Month} July ^{Day} 28 Age 37 ^{Years} 6 ^{Months} 5 ^{Days}

Sex Female Color or Race white Birth-place Pa.

Occupation Housekeeper Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
Husband

W. S. Fohner

Father's
Name

Wm. R. Dugan

Father's
Birthplace

Md.

Mother's
Maiden Name

Martha Ann. Malott

Mother's
Birthplace

Pa.

Name of person giving
Information

Wm. R. Dugan

How related
to deceased

Father

CAUSES OF DEATH

Primary

Consumption

How long

4 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

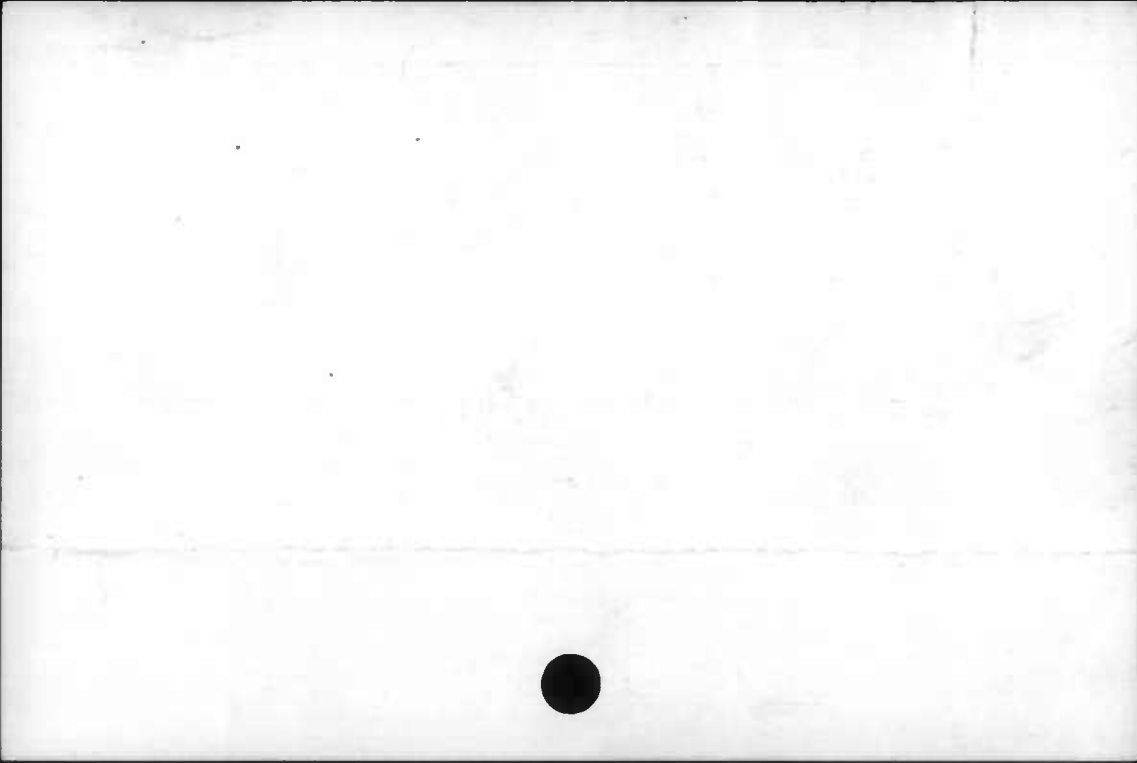
yes

Signature of
Physician

Address

G. M. Fisher

Accident or Suicide



Name in Full		John Robert Gerald				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hagerstown		Washington		MARYLAND	
	Date of death	1909	July	20	Age	3 Weeks	6 Days
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation			Where Residing if not at place of death		15 N. Bethel St. Hagerstown	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Harry Gerald		Father's Birthplace		New York	
	Mother's Maiden Name	Sophia Pope		Mother's Birthplace		Hagerstown	
Name of person giving information	Lionel Gerald		How related to deceased		Mother		
				CAUSES OF DEATH		(151) X	
PHYSICIAN OR CORONER	Primary	Myocardium				How long	3 weeks
	Immediate	Myocardium				How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. B. Wilson
					Address		243 - N. Jonathan St. Hagerstown Md.
	Accident or Suicide?		no.				

Att. Col. James
Highway

Name in Full		Albert Green				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hagerstown		County		Hagerstown	
	Date of death		1909 July 11		Age		25	
	Sex		Male		Color or Race		Colored	
	Occupation		Laborer		Birth-place		Hagerstown	
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		Samuel Green		Father's Birthplace		Does Not Know	
	Mother's Maiden Name		Does Not Know		Mother's Birthplace		Does Not Know	
Name of person giving information		Charles S. Bell		How related to deceased		no relation		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Killed on W. M. R. R. accidentally					
	Immediate		Railroad accident					
	Are the name, age, sex, color, date and place correctly given above?		Yes					
	Signature of Physician		E. J. Hoffman M.D.					
Address		Hagerstown						
Accident or Suicide?		Accident						
LIBRARY BUREAU 22226								

A. K. Coffman

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Henry Harvey		Town		County
	Died at Clear Spring Dist.		Wash		MARYLAND
	Date of death	1909	Month	July	Day
		22	Age	5-7	Months
		—		18	Days
	Sex	Male	Color or Race	White	Birth-place
		Ind			
Occupation		Where Residing if not at place of death			
Farmer					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Andrew Harvey		Father's Birthplace	
				Germany	
Mother's Maiden Name		Rebecca Miller		Mother's Birthplace	
				Pa.	
Name of person giving information		Mary Harvey		How related to deceased	
				Sister	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		Dysentery		How long
					14
	Immediate		Exhaustion		How long
					8 d
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician
				Thos. Bouse	
				Address	
				Clear Spring, Md.	
Accident or Suicide?					



Name
in
Full

Adam Donald Hawbecker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Williamsport ^{Town} Washington ^{County} **MARYLAND**

Date of death 1909 July ^{Month} 21 ^{Day} Age 7 ^{Years} 7 ^{Months} 21 ^{Days}

Sex Male Color or Race White Birth-place Williamsport

Occupation None Where Residing if not at place of death

Married, Single or Widowed None Name of Wife or Husband None

Father's Name Adam Hawbecker Father's Birthplace Broadfording Md.

Mother's Maiden Name Emma Neff Mother's Birthplace Franklin Co. Pa.

Name of person giving Information Emma Neff Hawbecker How related to deceased Mother

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Dis - Colitis How long 4 days

Immediate Exhaustion How long 36 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. H. V. Gauthier

Address Williamsport

Accident or Suicide

July 23rd 1909

J. F. Kreps, Undertaker

Interment Riverview

Cemetery.

Williamport

Mo.

Name
in
Full

Laura Pauline Hoffman

CERTIFICATE OF DEATH

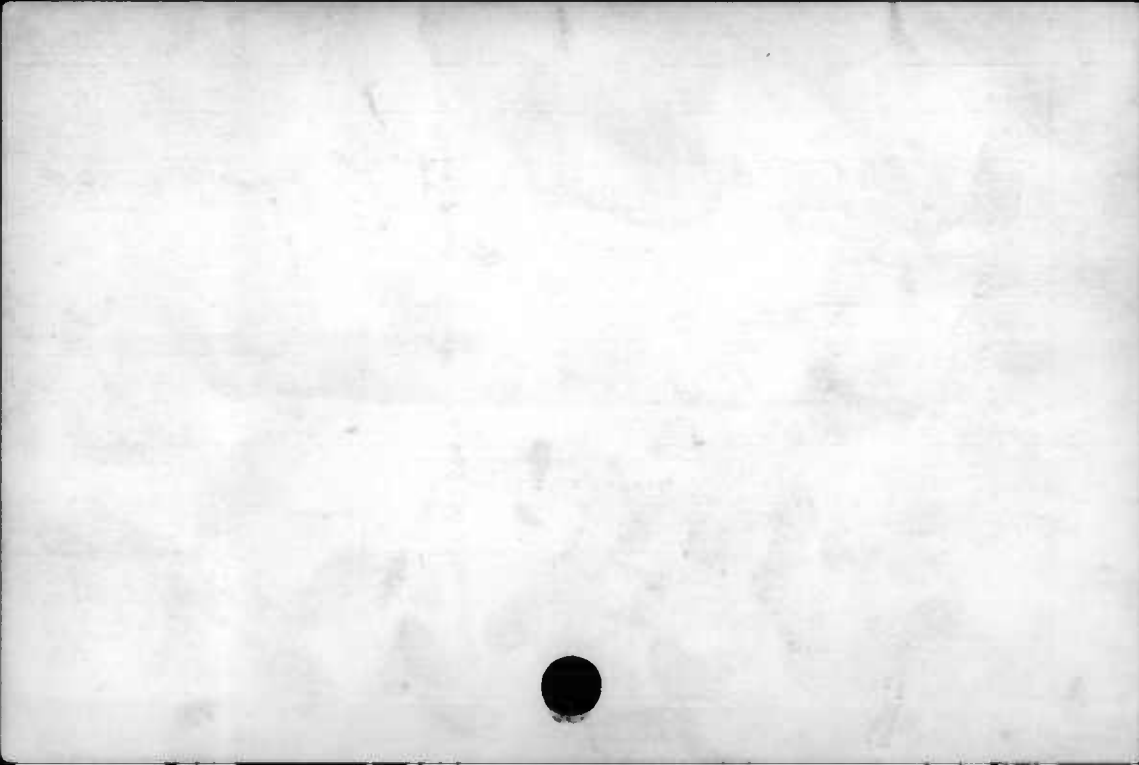
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Keokuk* ^{County} *Washington* **MARYLAND**
 Date of death 1909 ^{Month} *July* ^{Day} *17* Age ^{Years} *2* ^{Months} *18* ^{Days}
 Sex *female* Color or Race *white* Birth-place *Keokuk*
 Occupation *infant* Where Residing if not at place of death *Keokuk*
 Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Louis M. Hoffman* Father's Birthplace *West Va*
 Mother's Melden Name *Bertha R. Kilham* Mother's Birthplace *West Va*
 Name of person giving information *Louis M. Hoffman* How related to deceased *Father*
 (104) ✓

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dysentery* How long *two weeks*
 Immediate *exhaustion* How long *one day*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *B. B. Ranson*
 Address *Harpers Ferry*
West Va
 Accident or Suicide _____



Name
in
Full

Baby Hornbraker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Traver Farm</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1909	Month 7	Day 3	Age —	Months —
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Travers Farm</i>		
Occupation —				Where Residing if not at place of death —	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —			
Father's Name <i>Albert Wesley Hornbraker</i>		Father's Birthplace <i>Mendensburg Pa</i>			
Mother's Maiden Name <i>Elizabeth Mills</i>		Mother's Birthplace <i>Big Spring Md.</i>			
Name of person giving Information <i>Mary Sterling</i>		How related to deceased <i>Aunt.</i>			

CAUSES OF DEATH

Primary <i>Dead born</i>	How long <i>8</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Orrest N. Fraith</i>
	Address <i>Williamport</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

J. F. Keps. Undertaker
Interment at Otterbine Church
Cemetery. July 5th 1909.

Name
in
Full

Eliabth A Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

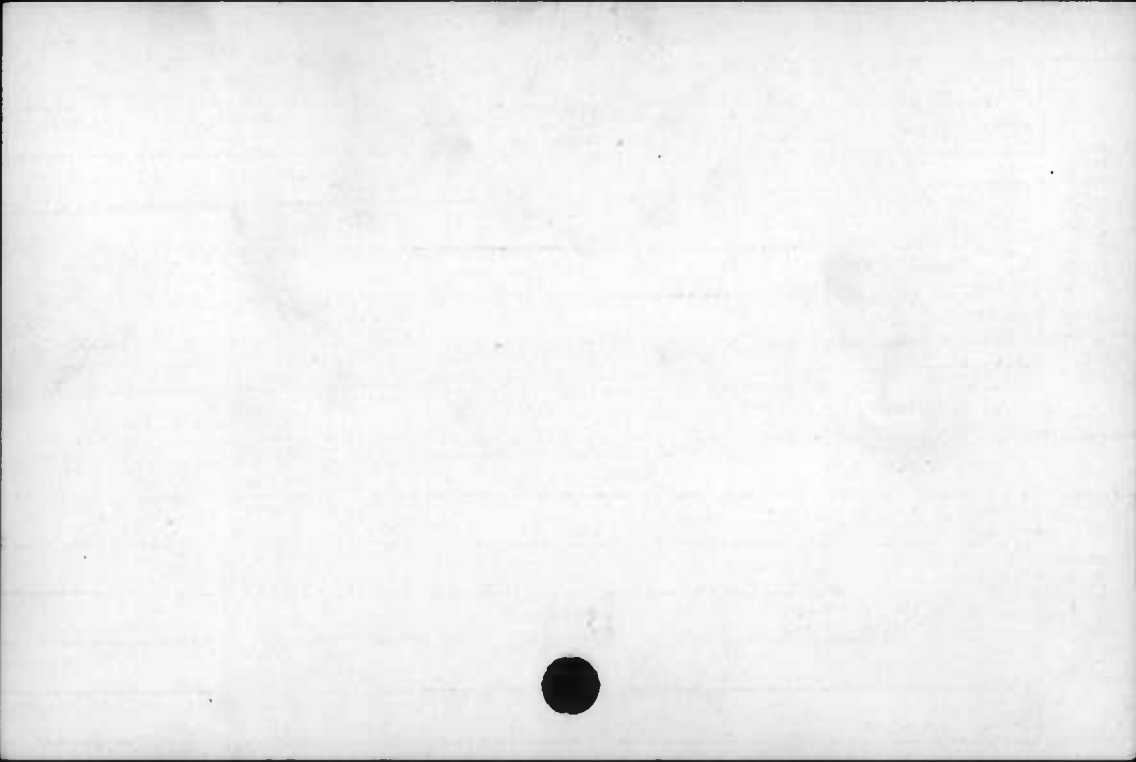
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		7	14	55	19	3	
Sex		Color or Race		Birth-place			
Female		White		Funkstown			
Occupation		Where Residing if not at place of death					
House Wife		Funkstown					
Married, Single or Widowed		Name of Wife or Husband					
Married		Eliabth Howard					
Father's Name		Father's Birthplace					
Lewis A. Grosh		Funkstown					
Mother's Maiden Name		Mother's Birthplace					
Eliabth Betto		Funkstown					
Name of person giving information		How related to deceased					
Chas. E. Howard		Husband					

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	Carcinoma of Breast	How long	3-4 years
Immediate	Exhaustion	How long	3-4 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		V. M. Smith	
		Address	
Accident or Suicide?			
No			



Name
in
Full

CERTIFICATE OF DEATH

Sadie Elizabeth Jackson
Town County

Died at *Hagerstown* *Washington* MARYLAND

Date of death 190 *9* Month *July* Day *12* Age *19* Years Months *1* Days *24*

Sex *female* Color or Race *colored* Birth-place *Hagerstown Md*

Occupation *Domestic* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *William Jackson* Father's Birthplace *Greencastle Pa*

Mother's Maiden Name *Anna Rebecca Fisher* Mother's Birthplace *Fager Creek Md*

Name of person giving Information *Martha V. Fisher* How related to deceased *Grandmother*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *3-4 weeks*

Immediate *Perforation of Intestine* How long *2-4 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Richard D. Miller*

Address *Hagerstown*

Accident or Suicide *no*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

A. K. Coffman.

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONE

CERTIFICATE OF DEATH

MARYLAND

Sex	Male	Color or Race	White	Birth-place	Pa.
-----	------	---------------	-------	-------------	-----

Married, Single or Widowed single Name of Wife or Husband Rebecca

Father's Name	John F. Jones	Father's Birthplace	PA
---------------	---------------	---------------------	----

Mother's Maiden Name	Rebecca Wolfe	Mother's Birthplace	Pa
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Name of person giving information	Joseph Rike	How related to deceased	As executor
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CAUSES OF DEATH

Primary	How long
Premature Birth	

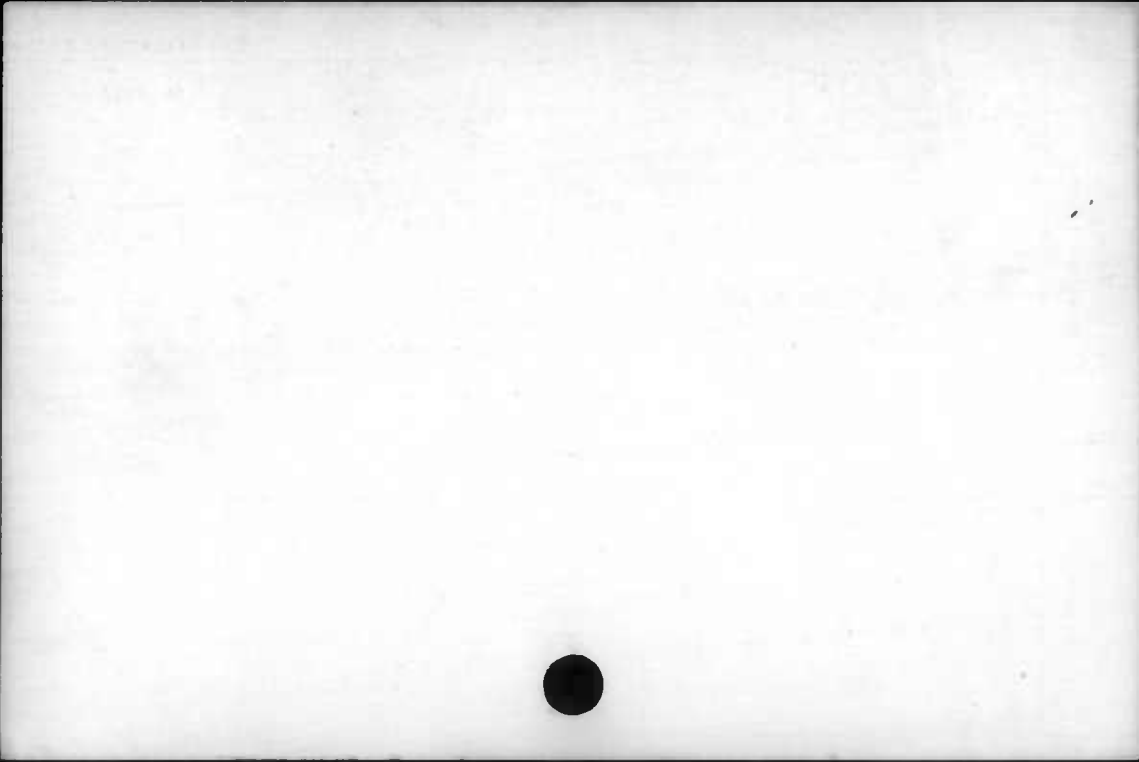
Immediate	How long
<u> </u>	<u> </u>

Are the name, age, sex, color, date and place correctly given above? 4 CV

Signature of Physician H. R. Miller

Address Trinidad & Tobago

Accident or Suicide —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harvey M. Jones
 Died at Hagerstown Washington County MARYLAND
 Date of death 190 9 Month 7 Day 5 Age 29 Years Months 11 Days 11
 Sex Male Color or Race White Birth-place Pa
 Occupation Teamster Where Residing if not at place of death _____
 Married, Single or Widowed Married Name of Wife or Husband Gertrude M. Estine
 Father's Name Jacob L. Jones Father's Birthplace Pa
 Mother's Maiden Name Mary E. Ross Mother's Birthplace Pa
 Name of person giving Information Edward M. Jones How related to deceased Brother

CAUSES OF DEATH

Primary Organic heart disease & nephritis How long 4 weeks
 Immediate Heart failure How long _____
 Are the name, age, sex, color, date and place correctly given above? ☒
 Signature of Physician W. B. Hoff
 Address Hagerstown Md.
 Accident or Suicida _____

PHYSICIAN
OR CORONER

L.M. Hatkins

Name
in Full

~~Robert L.~~ *Green F. Kemp*

7 mi

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>7</i>	Day <i>25</i>	Age <i>—</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward C. Kemp</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Catharine L. Hartle</i>		Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Edward C. Kemp</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Not Viable</i>	How long	<i>8</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. C. Warraman</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide			

S. M. Watkins
Leiteraburg

Name
in
Full

CERTIFICATE OF DEATH

Robert E. Kemp.

Thick
County
Washington

MARYLAND

Died at Hagerstown

Date of death 1904

Month 7

Day 23

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Ind.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Edward E. Kemp

Father's
Birthplace

Ind.

Mother's
Maiden Name

Catharine L. Hartle

Mother's
Birthplace

Ind

Name of person giving
Information

Edward E. Kemp

How related
to deceased

Father

CAUSES OF DEATH

Primary

Not Viable
Exhaustion

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

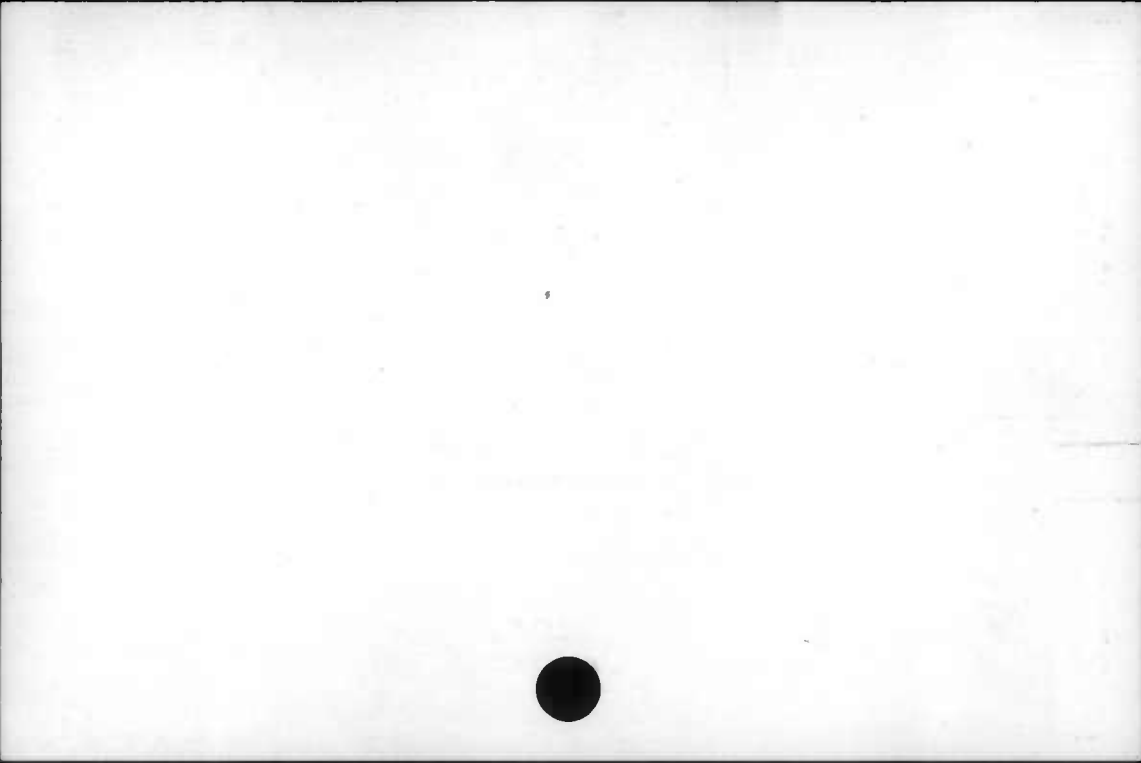
Address

E. C. Workman
Hagerstown Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Lena May Kimble

Williamsport

County
Wash

MARYLAND

Date
of death

1909

Month

July

Day

15

Age

Years

Months

10

Days

27

Sex

Female

Color or
Race

White

Birth-
place

Wm's port

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William Kimble

Father's
Birthplace

Wm's port

Mother's
Maiden Name

Anna Seighty

Mother's
Birthplace

Penn.

Name of person giving
Information

William O Kimble

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

105

16 hours

Immediate

Exhaustion

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Ernest V. Gaither

Address

Williamsport

Accident or Suicide

PHYSICIAN
OR CORONER

July 16th 1909.

J. F. Kreps. Undertaker
Interment in
Riverside Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>July</i>	Day <i>21</i>	Age <i>#</i>	Months <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Md</i>		Days <i>2</i>	
Occupation <i>Child</i>	Where Residing if not at place of death <i>C</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>C</i>				
Father's Name <i>Samuel C. King</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mary C. Springer</i>	Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>Samuel C. King</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Acute Enterocolitis</i>	How long <i>7 days</i>
Immediate <i>Toxemia with Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. DeGamaun</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide <i>No</i>	

HK, by far
Post Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ralph E King*
Died at *Hagerstown* ^{Town} *Washington* ^{County} *MARYLAND*
Date of death 190 *9* ^{Month} *7* ^{Day} *1* Age *5* ^{Years} *3* ^{Months} *5* ^{Days}
Sex *Male* Color or Race *White* Birth-place *Glee*
Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single _____ Name of Wife or Husband _____
Father's Name *Albert E King* Father's Birthplace *Pa*
Mother's Maiden Name *Effa E Wells* Mother's Birthplace *Pa*
Name of person giving Information *Albert King* How related to deceased *Father*

CAUSES OF DEATH

Primary *Fracture of Skull* How long *164* X
Immediate *Paralysis* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *M B Monson*
Address *Hagerstown Md*
Accident or Suicide *(m)*

Was playing along railroad track, and ran into
passing passenger train.

S. M. Phillips.

Name in Full Arthur Lewis		CERTIFICATE OF DEATH	
Died at Fudley Farm <small>Town</small>		Was <small>County</small>	
Date of death 1909 <small>Month</small> July <small>Day</small> 13		Age <small>Years</small> <small>Months</small> <small>Days</small> 30	
Sex Male		Color or Race White	
Occupation _____		Birth-place Fudley Farm	
Where Residing if not at place of death _____			
Married, Single or Widowed single		Name of Wife or Husband _____	
Father's Name R. H. Lewis		Father's Birthplace Was Co Ma	
Mother's Maiden Name Effie Holmes		Mother's Birthplace Fredk Co Ma	
Name of person giving information R. H. Lewis		How related to deceased Father	
CAUSES OF DEATH			
Primary Malnutrition.		How long 3 weeks.	
Immediate Asthenia		How long 3 days.	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Ernest H. Faltis	
		Address Williamsport	
Accident or Suicide?			

Aug 1st 1909

J F Keph. Maculaker

internat. at Mt. Briar

Name
in
Full

Maurice C. Lucas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

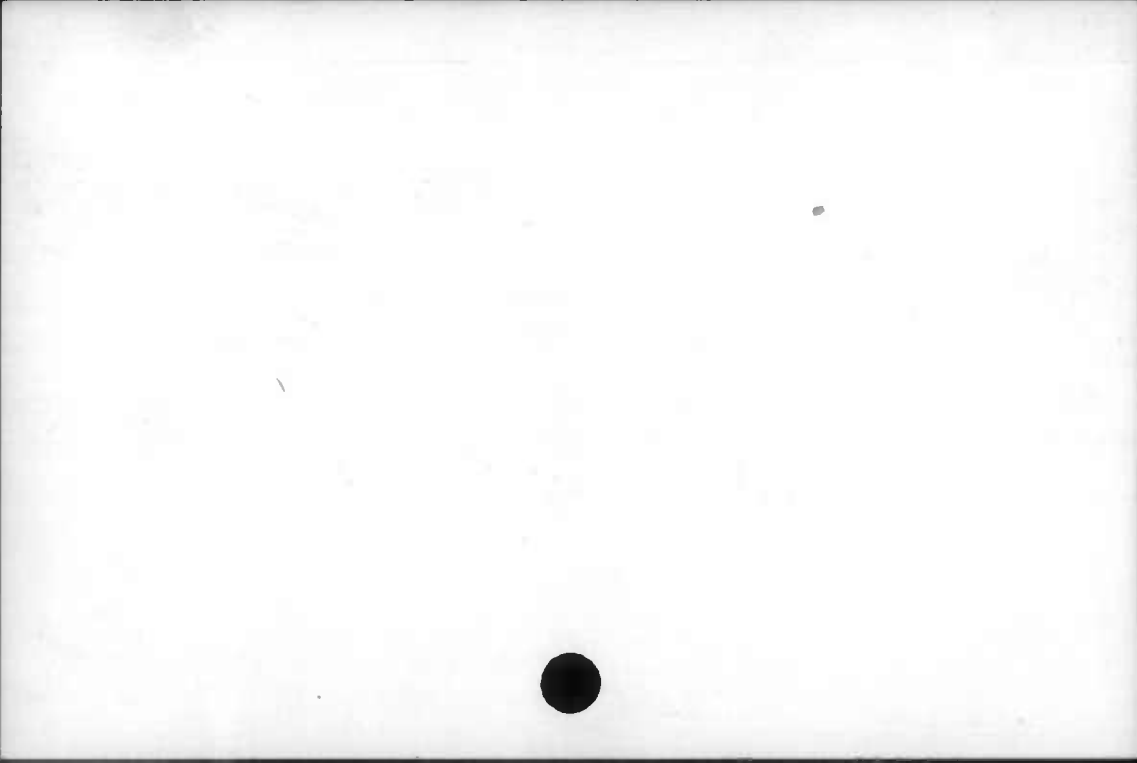
Died at <i>Crumming</i>		Town		<i>Harlington</i>		County		MARYLAND	
Date of death 1909		Month 7		Day 10		Age 1		Years 7	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Crumming.</i>					
Occupation <i>None</i>				Where Residing if not at place of death <i>Crumming</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>							
Father's Name <i>H. D. Lucas</i>				Father's Birthplace <i>Stoney Point</i>					
Mother's Maiden Name <i>Blanche Berner.</i>				Mother's Birthplace <i>Crumming</i>					
Name of person giving Information <i>H. D. Lucas</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>one week</i>	
Immediate <i>Cholera Infantum</i>		How long <i>one week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. M. K. Fawcett</i>	
		Address <i>Smithsburg Maryland</i>	
<i>Accident or Suicide</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs Margaret L. C. McComas*

Died at *Blue Ridge Summit* Town *Washington* County *MARYLAND*

Date of death *1909* *July* Month *29* Day Age *56* Years Months *11* Days *13*

Sex *Female* Color or Race *White* Birth-place *Baltimore*

Occupation *Boarding House Keeper* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Gro M. McComas*

Father's Name *John Lee Chapman* Father's Birthplace *Baltimore*

Mother's Maiden Name *Elyzabeth Chapman* Mother's Birthplace *Ohio*

Name of person giving information *John H. Welch* How related to deceased *none*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *5 yrs*

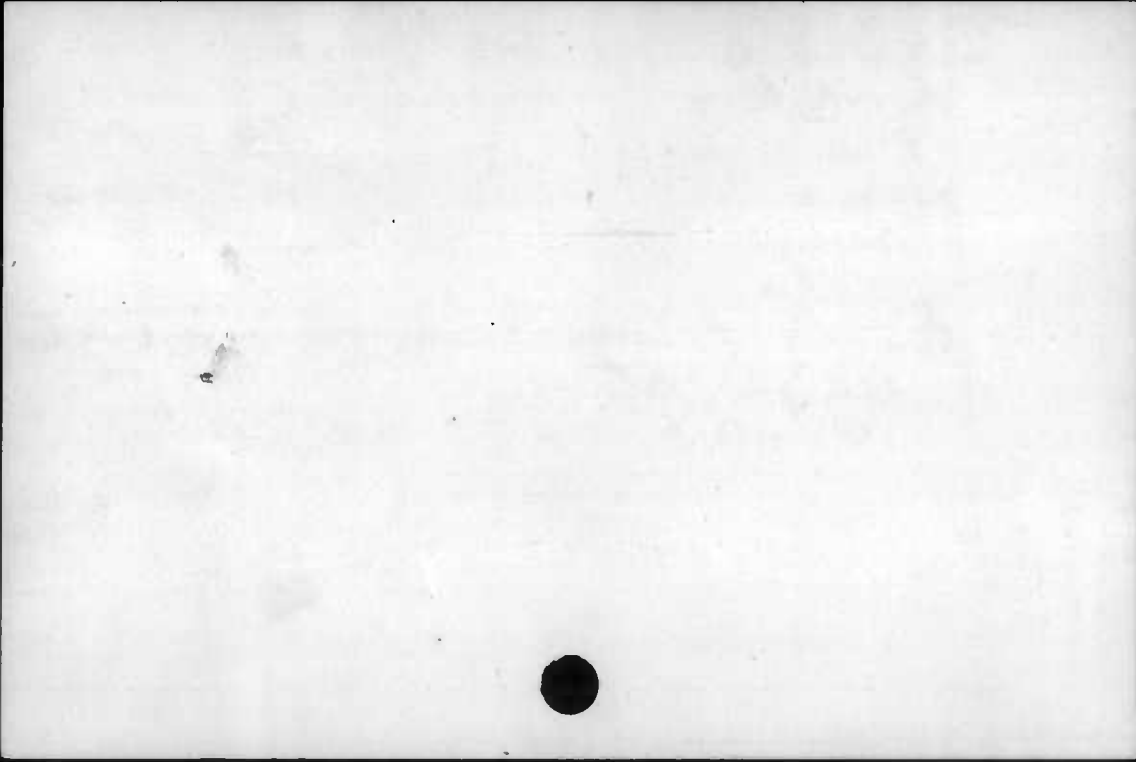
Immediate *Pulmonary ossified* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Victor D. Cullen*

Address *State Sanatorium Maryland*

Accident or Suicide?



Name
in
Full

Orpha Ellen McPherson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Smokestown Washington MARYLAND
 Date of death 190 9 July 27 Age — 4 16
 Sex Female Color or Race white Birth-place Maryland
 Occupation None Where Residing if not at place of death —

~~Married, Single~~ Single Name of Wife or Husband —
 Father's Name Elmer S McPherson Father's Birthplace Maryland
 Mother's Maiden Name Eliza Stuffer Mother's Birthplace " "
 Name of person giving Information Elmer S McPherson How related to deceased Father

CAUSES OF DEATH

105

X

PHYSICIAN
OR CORONER

Primary Enteric Colitis How long —
 Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above?

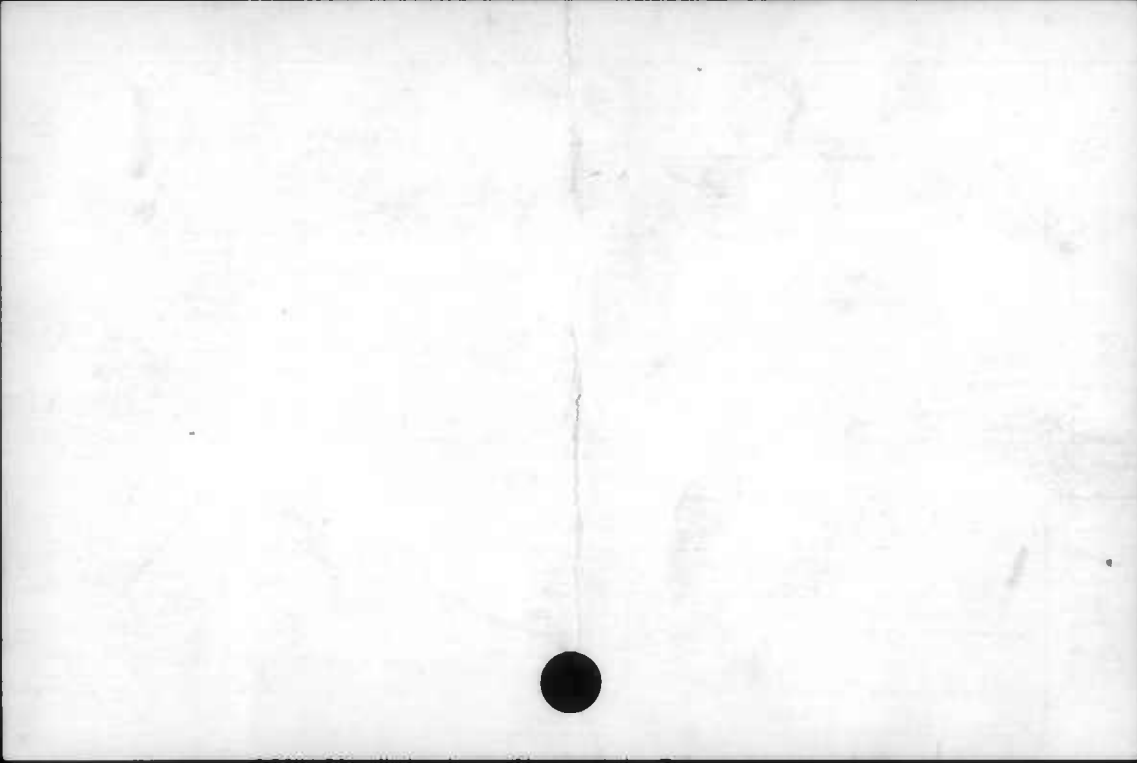
Signature of Physician

S. S. Davis

Address

Brownboro
Md

Accident or Suicide



Name
in
Full

Unnamed Infant

CERTIFICATE OF DEATH

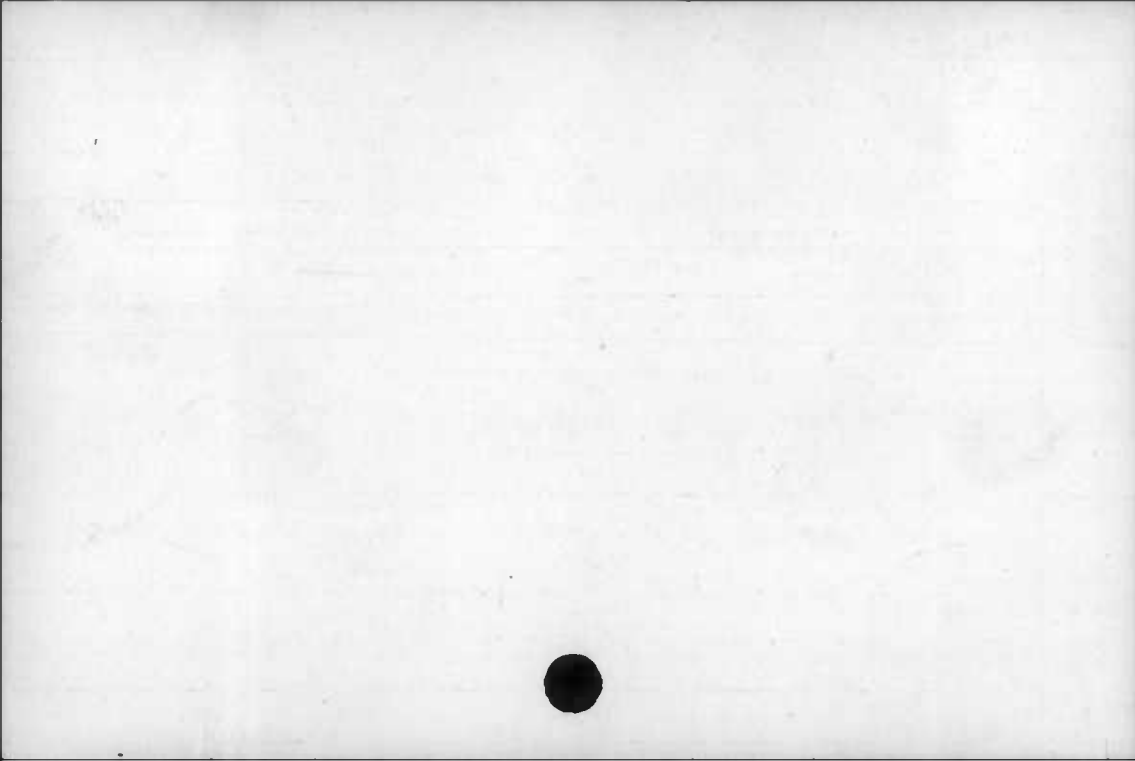
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Murdle		Wash		County		MARYLAND	
Date of death		190	8	08	08	08	08	08	08
Sex		Male		Color or Race		white		Birth-place	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name		Geo. W. Mann		Father's Birthplace		Md			
Mother's Maiden Name		Lena Potterfield		Mother's Birthplace		Md			
Name of person giving information		Miss Mann		How related to deceased		Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Still Born		How long		Some days	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		U. M. Richard	
				Address		Fairplay	
Accident or Suicide?							



Name
in
Full

India Ruth Moss.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Billmeyer's mill ^{County} Berkeley Co. ^{State} Md. ^{State} MARYLAND

Date of death 1909 ^{Month} July ^{Day} 8 ^{Age} ^{Years} ^{Months} 2 ^{Days} 16

Sex Female ^{Color or Race} white ^{Birth-place} West Va.

Occupation none ^{Where Residing if not at place of death}

Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name Franklin Eugene Moss.

Father's Birthplace Md

Mother's Maiden Name Helen Schoppert

Mother's Birthplace Md.

Name of person giving Information James H. Olver M.D.

How related to deceased Physician

CAUSES OF DEATH

Primary Pneumonia

How long 4 days

Immediate Pneumonia

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

James H. Olver M.D.
Swan Pond Md.

Accident or Suicide

PHYSICIAN
OR CORONER

G. H. Fernell

Name
in
Full

Walter Neil Munson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

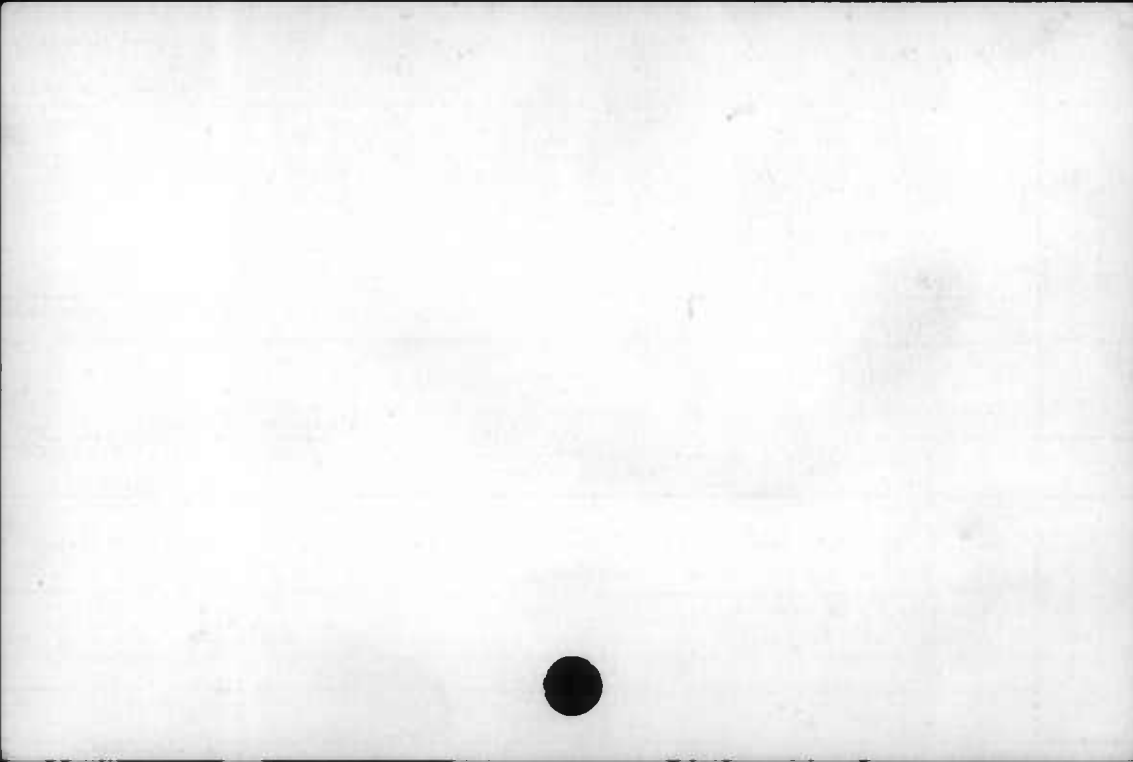
Died at ^{near} Hancock		Town		Washington		County		MARYLAND	
Date of death 1909		Month July		Day 26		Age 17		Months 9 Days 18	
Sex Male		Color or Race White		Birth-place Near Hancock Md					
Occupation Laborer.				Where Residing if not at place of death Died at home.					
Married, Single or Widowed Single		Name of Wife or Husband							
Father's Name John W Munson				Father's Birthplace Wash Co Md					
Mother's Maiden Name Columbia Simmons				Mother's Birthplace " " "					
Name of person giving information John W Munson				How related to deceased Father					

Dr. Lott.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever		How long 3 weeks	
Immediate Appendicitis & Peritonitis		How long 36 hours	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. E. Yabber	
		Address Hancock, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hannah Nicodemus
 near Sharpsburg Washington
 died at ^{Town} ^{County}

MARYLAND

Date of death 1909 July 14 Age 16 Months 11 Days

Sex Female Color or Race White Birth-place near Reedyville

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Jacob Nicodemus Dec'd

Father's Name Henry Miller Father's Birthplace Germany

Mother's Maiden Name Elizabeth Hoffman Mother's Birthplace near Reedyville

Name of person giving information Willard Nicodemus How related to deceased Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary General Debility How long For several years

Immediate Heart Failure How long Very sudden

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. H. Gardner

Address Sharpsburg - Md

Accident or Suicide?

Chas. S. Ham
undertaken

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

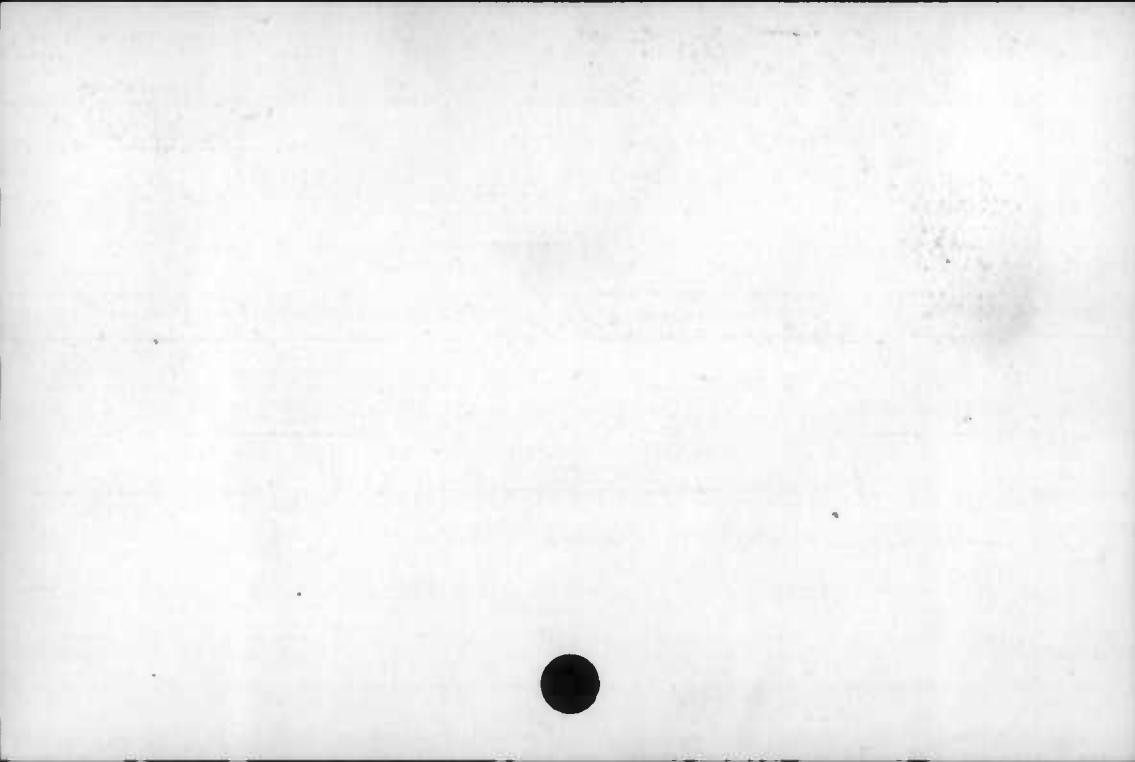
James Henry Patton		County		MARYLAND	
Died at Four Locks		Tow		Wash	
Date of death 1909 July 26		Month		Day	
Sex Male		Color or Race White		Age 6 2/1	
Occupation		Birth-place Four Locks		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name William Patton		Father's Birthplace Four Locks			
Mother's Maiden Name Minnie Ward		Mother's Birthplace Clear Spring			
Name of person giving information Tom Patton		How related to deceased Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long	2 days
Immediate	Convulsions	How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Theo. Boase	
		Address Clear Spring, Md.	
Accident or Suicide?			



Name
in
Full

Ruben Popp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bellevue</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND		
Date of death	<i>1909</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>7</i> <small>Day</small>	Age <i>83</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Do not know</i>			
Occupation <i>Miller</i>	Where Residing if not at place of death <i>Heaglers Town</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
Father's Name <i>John Popp</i>	Father's Birthplace <i>Do not know</i>					
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>11</i>					
Name of person giving information <i>Ruben Koontz</i>	How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Intestinal Catarrh</i>	How long <i>years</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Wark</i>
	Address <i>Washington</i>
Accident or Suicide?	

S. K. Lowman

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

Bertha Francis Rager

Town

County

MARYLAND

Died at

Speachers Mill

Washington

Date

of death

1909

Month

July

Day

13

Age

Years

32

Months

1

Days

9

Sex

Female

Color or
Race

White

Birth-
place

Speachers Mill

Occupation

Household at Laundry

Where Residing if not
at place of death

Hagerstown Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Dent (now)

Father's
Name

Harvey Rager

Father's
Birthplace

Center Co Pa

Mother's
Maiden Name

Mona Howard

Mother's
Birthplace

State Line

Name of person giving
Information

Marie Rager

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Typhoid Fever

How long

Lys weeks

Immediate

Prostration

How long

Lys days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. Richardson

Address

Lillian Rager

Accident or Suicide

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

July 17 - 1909

River View Cemetery

J. F. Keefe

Name
in
Full

Ottis Allen Renner

CERTIFICATE OF DEATH

Died at ^{Town} Sharpsburg^{County} Washington

MARYLAND

Date

of death 1909

Month

July

Day 10

Age

Years

Months

10

Days

14

Sex

Male

Color or
Race

White

Birth-
place

Sharpsburg-Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

McClellan Renner

Father's
Birthplace

Sharpsburg-Md

Mother's
Maiden Name

Anna Mc Kelvey

Mother's
Birthplace

Williamsport, Md

Name of person giving
Information

Mrs. Anna Renner

How related
to deceased

Mother

CAUSES OF DEATH

105

X

Primary

Dys-eutis

How long

about a week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. M. Garrett.

Address

Sharpsburg, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Phas. S. Wade
undertaker

Name
in
Full

CERTIFICATE OF DEATH

Mrs Maria Schenck

Died at

Hagerstown

Town

Washington

County

MARYLAND

Date

of death

1909 July

Month

Day

18

Age

Years

68

Months

9

Days

11

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

Domestic

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

D W Schenck

Father's
Name

Jacob Wetzel

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth King

Mother's
Birthplace

Pennsylvania

Name of person giving
Information

D W Schenck

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Endocarditis Thrombosis

How long

10 years

Immediate

How long

-

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

John Mueller

Address

Hagerstown Md

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

A.K. Syzran
Howard pa

Name
in
Full

Mrs. Susan Ann Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{town} County Wash. ^{County} **MARYLAND**

Date of death 190 9 ^{Month} 7 ^{Day} 27 Age 72 ^{Years} 3 ^{Months} 24 ^{Days}

Sex female Color or Race white Birth-place MD.

Occupation N. W. Where Residing if not at place of death —

Married, Single or Widowed widow Name of ~~Wife or~~ Husband Gottlob Schmidt

Father's Name John Miasack Father's Birthplace Germany

Mother's Maiden Name Not Known Mother's Birthplace —

Name of person giving Information George J. Smith How related to deceased son

CAUSES OF DEATH

Primary

Heart Disease

How long

Several Years

Immediate

Infarction

How long

Weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. J. P. Scott
Hagerstown

Accident or Suicide

C. M. Suter Sons

Name
in
Full

Mrs Hannah V. Shafer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Wash.		MARYLAND	
Date of death		Month 9	Day 7	Age 76	Months 2	Days 1	
Sex female		Color or Race white		Birth-place Md.			
Occupation H. W.		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband Benjamin F. Shafer		Father's Birthplace Md.			
Father's Name Samuel M. Shafer		Mother's Maiden Name Elizabeth M. Shafer		How related to deceased son			
Name of person giving Information Samuel M. Shafer							

CAUSES OF DEATH

Primary	Mitral Regurgitation	How long	6 months
Immediate	Exhaustion	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. P. Dufferin	
		Address	

PHYSICIAN
OR CORONER

Accident or Suicide

C.M. Super Bonds

Name
in
Full

CERTIFICATE OF DEATH

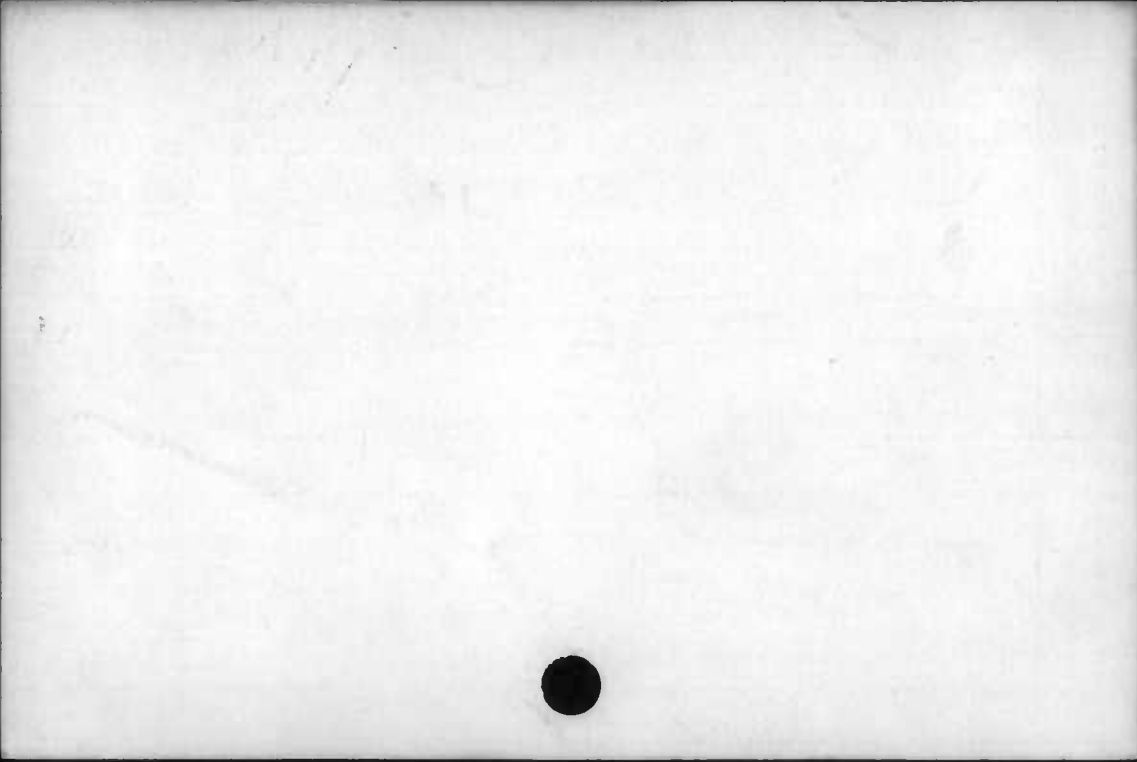
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John S. Shank		Town Green Castle		County Franklin		State PA		MAYLAND	
Died at Green Castle		Date of death 1909		Month July		Day 5		Age 59	
Sex male		Color or Race white		Birth-place Green Castle PA		Months 6		Days 17	
Occupation retired farmer				Where Residing if not at place of death Green Castle PA					
Married, Single or Widowed widowed				Name of Wife or Husband Mary Baumgardner					
Father's Name Jacob Shank				Father's Birthplace PA					
Mother's Maiden Name Martha White				Mother's Birthplace MD					
Name of person giving information Daniel W. Martine				How related to deceased Brother-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic dilatation of heart		How long two years	
Immediate acute myocarditis		How long 15 minutes	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Franklin A. Bushy	
		Address Green Castle PA	
Accident or Suicide? Neither			



Name in Full		Town				County		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Williamsport		Wash.		MARYLAND							
		Date of death		1909	Month	July	Day	29	Age	Years	76	Months	9	Days	22
		Sex		Male		Color or Race		White		Birth-place		Hagerstown			
		Occupation		Laborer		Where Residing if not at place of death		Hagerstown							
		Married, Single		Single		Name of Wife or Husband									
		Father's Name		Not Known		Father's Birthplace		Not Known							
Mother's Maiden Name		" "		Mother's Birthplace		" "									
Name of person giving information		Chas. Robinson		How related to deceased		Nephew									
<div style="text-align: center;">CAUSES OF DEATH</div>															
PHYSICIAN OR CORONER		Primary		Paralysis		How long		Twenty-four hours							
		Immediate		Prostration		How long		Two hours							
		Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		W. S. Richardson							
		Accident or Suicide?		No.		Address		Williamsport							

July 29th 1909

Riverview Cemetery

Williamport Md.

J. F. Kreps.

Undertaker.

H 34 C

Name
in
Full

CERTIFICATE OF DEATH

Joseph Elmer Maxwell Sparks

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		July	12	Age	10	28	
Sex		Color or Race		Birth-place			
male		white		Nagerstown			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
George Sparks				Frederick, Co			
Mother's Maiden Name				Mother's Birthplace			
Anna Bailey				Bridging Co			
Name of person giving Information				How related to deceased			

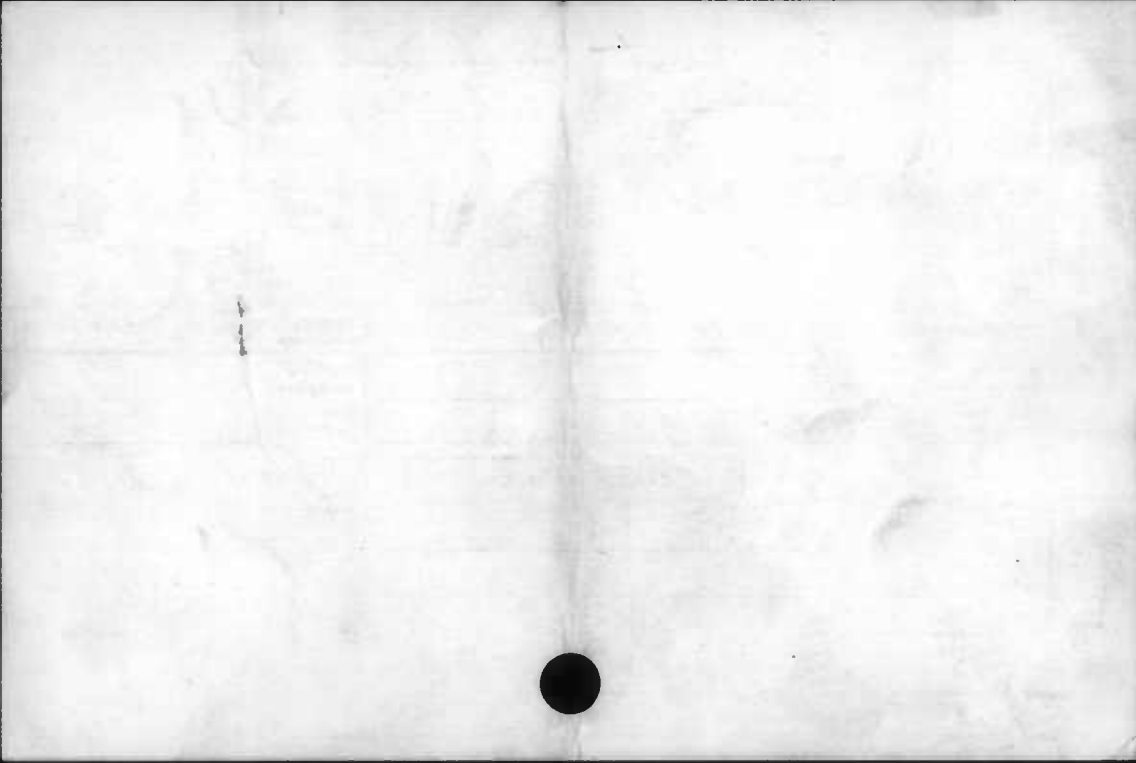
CAUSES OF DEATH

105

Primary	Indigestion	How long	10 days
Immediate	Enteric Colitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Thos Boock	
		Address	
		Clear Spring, Md	
Accident or Suicide			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James E Stereus* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death 190 *9* Month *July* Day *18* Age *+* Years Months *10* Days *17*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Child* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Edward Stereus* Father's Birthplace *W Va*

Mother's Melden Name *Mary E Easterday* Mother's Birthplace *Md*

Name of person giving Information *Edward Stereus* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Enteric fever* *105* How long *5 wks*

Immediate *Cardiac Exhaustion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. P. Stauffer*

Address

Accident or Suicide

A.K. Thompson
Box 1202

Name
in
Full

Hennetta B Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

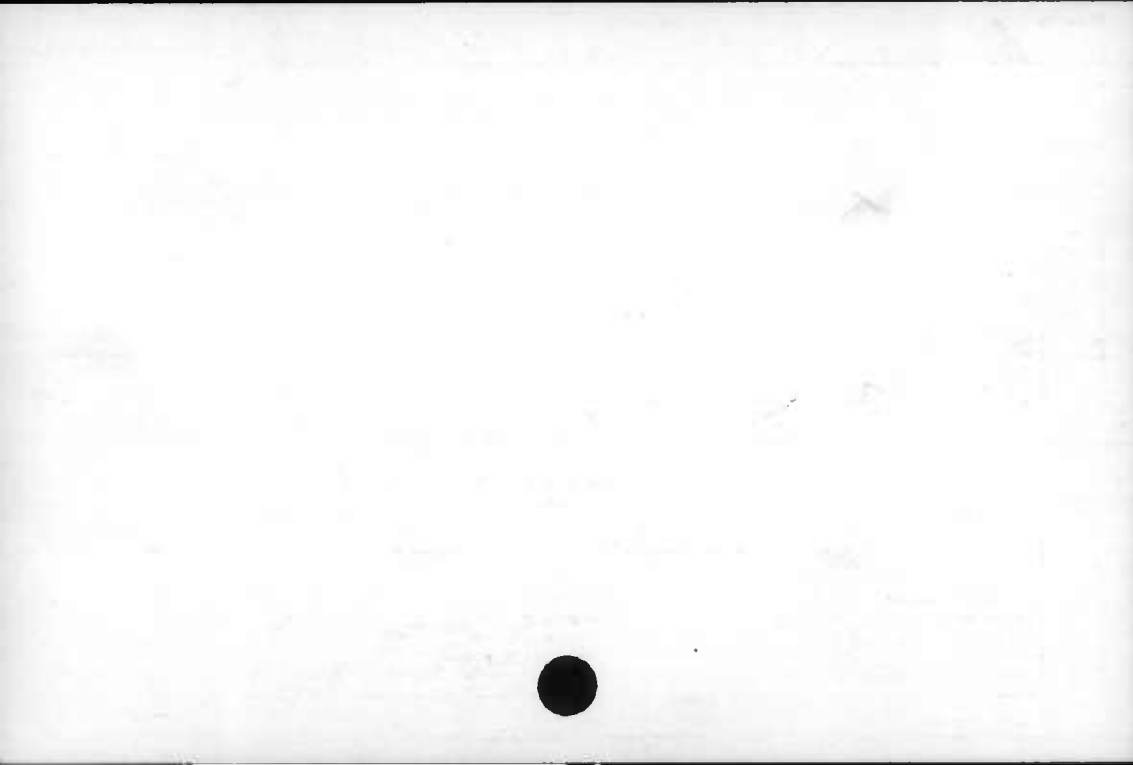
Died at <i>Smithsburg</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1909	Month	7	Day	7
Age	78	Years		Months	8
				Days	12
Sex	Female	Color or Race	White	Birth-place	Smithsburg
Occupation	Housekeeper	Where Residing if not at place of death	Smithsburg		
Married, Single or Widowed		Name of Wife or Husband	Jane Stevenson		
Father's Name	Frederick Nager	Father's Birthplace	Germany		
Mother's Maiden Name	Elizabeth Fishack	Mother's Birthplace	Smithsburg		
Name of person giving Information	William Stevenson	How related to deceased	Son		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>over Year</i>
Immediate	<i>Bright's Disease</i>	How long	<i>6 Months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	<i>Dr. M. S. Kefauver</i>	
	Address	<i>Smithsburg Maryland</i>	
Accident or Suicide			



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Decedent Child of John & Agnes Stinebaugh
Died at Hagerstown Wash MARYLAND
Date of death 1909 7 26 Age 1
Sex male Color or Race white Birth-place Md.
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed single Name of Wife or Husband _____
Father's Name John J. Stinebaugh Father's Birthplace Md.
Mother's Maiden Name Agnes Leakey Mother's Birthplace Penna.
Name of person giving Information John J. Stinebaugh How related to deceased father

CAUSES OF DEATH

151

Primary Stelectasis How long 2 hrs.
Immediate _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. N. Hoffmeier
17 W. Washington St
Hagerstown Md.

Accident or Suicide

PHYSICIAN
OR CORONER

C. M. Switzer & Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mercer</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>7</i>	Day <i>30</i>	Age <i>53</i>	Months <i>2</i> Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>M. ob</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>Wm. J. Stonebraker</i>				
Father's Name <i>Jenningsham, Boone</i>	Father's Birthplace <i>N. Va</i>				
Mother's Maiden Name <i>Mary J. Eichelberger</i>	Mother's Birthplace <i>M. ob</i>				
Name of person giving information <i>W. J. Stonebraker</i>	How related to deceased <i>Husband</i>				

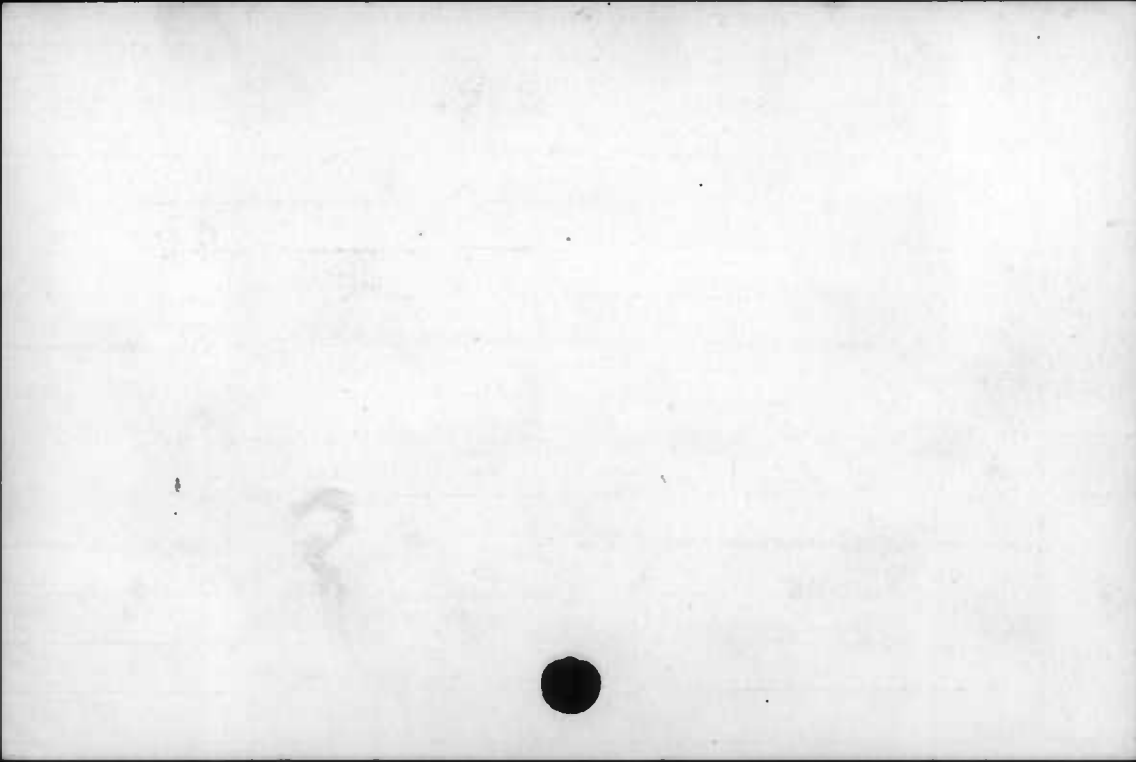
CAUSES OF DEATH

104

X

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>10 days</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. V. Yountee</i>
	Address <i>Brownsville Maryland</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Esta Viola Stotelmeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smoke town</u> ^{Town} <u>Washington</u> ^{County} <u>MARYLAND</u>		
Date of death 190 <u>9</u> ^{Month} <u>July</u> ^{Day} <u>23</u>	Age <u>—</u> ^{Years} <u>10</u> ^{Months} <u>1</u> ^{Days}	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>
Occupation <u>None</u>	Where Residing if not at place of death	
Married Single <u>Single</u>	Name of Wife or Husband	
Father's Name <u>Charles J Stotelmeyer</u>	Father's Birthplace <u>Fredensburg Md</u>	
Mother's Maiden Name <u>Annie Houpt</u>	Mother's Birthplace <u>Washington Co</u>	
Name of person giving Information <u>Charles J Stotelmeyer</u>	How related to deceased <u>Father</u>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>8 months</u>
Immediate <u>Acute Gastro Enteritis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. J. Smith</u>
	Address <u>Boonsboro Md</u>
Accident or Suicide	

Birmingham & Bath
Handwritten

Name
in
Full

Ida Florence Leach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pricesburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	<i>July</i>	<i>29</i>	Age	<i>1</i>
		Month	Day	Years	Months
					<i>10</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Pricesburg</i>
Occupation	<i>_____</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>_____</i>			
Father's Name	<i>Jacob Wesley Leach</i>			Father's Birthplace	<i>Pricesburg</i>
Mother's Maiden Name	<i>Emma Jane Smith</i>			Mother's Birthplace	<i>Boliver Ind</i>
Name of person giving information	<i>J. W. Leach</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105 X

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum-</i>	How long	<i>Three days</i>
Immediate	<i>Prostration</i>	How long	<i>Four hours.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. Richardson</i>
<i>yes.</i>		Address	<i>Williamsport Ind.</i>
Accident or Suicide?			
<i>No</i>			

July 30th 1909.

Rose Hill Cemetery

J. H. Epps.

Name
in
Full

CERTIFICATE OF DEATH

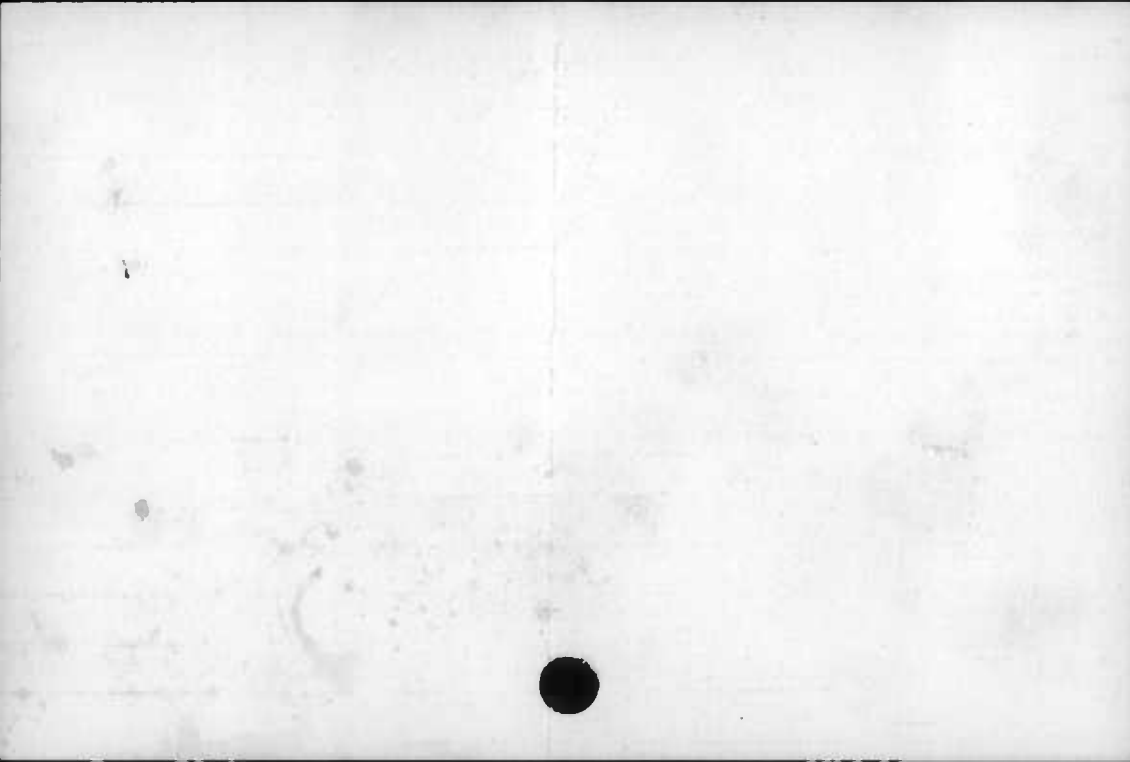
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ethel M. Thompson</i>		Town <i>Brownsville</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Brownsville</i>		Month <i>7</i>		Day <i>26</i>		Years <i>2</i>	
Date of death <i>1909</i>		Month <i>7</i>		Day <i>26</i>		Months <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Brownsville Md</i>		Days <i>3</i>	
Occupation <i>~~~~~</i>				Where Residing if not at place of death <i>~~~~~</i>			
Married, Single or Widowed <i>X</i>				Name of Wife or Husband <i>~~~~~</i>			
Father's Name <i>Arthur L. Thompson</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Lilly King</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>James E. Thompson</i>				How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>congestion of Lungs</i>	How long	<i>95</i> X <i>10 days</i>
Immediate	<i>~~~~~</i>	How long	<i>~~~~~</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. T. Yorlita</i>	
		Address <i>Brownsville Md</i>	
Accident or Suicide? <i>X</i>			



Name
in
Full

/Hubert. Towns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Enclid</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1909	Month	7	Day	27
Age	16	Years		Months	4
				Days	19
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Near Foxville Fred. Md.</u>
Occupation	<u>none</u>	Where Residing if not at place of death <u>Enclid</u>			
Married , Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>none</u>			
Father's Name	<u>Brenton Towns</u>			Father's Birthplace	<u>Foxville Fred. Md.</u>
Mother's Maiden Name	<u>Grace Harbaugh</u>			Mother's Birthplace	<u>Enclid.</u>
Name of person giving Information	<u>Brenton Towns</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<u>Crushed Skull</u>	How long	<u>Instant</u>
Immediate	<u>Crushed Skull</u>	How long	<u>Instant</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Dr. W. K. Kefauver</u>
		Address	<u>Smithsburg Maryland</u>
Accident or Suicide	<u>Accident</u>		

Jumped on tongue of threshing machine while running
and fell off and wheel ran overhead.

Name
in
Full

Julian Maxwell Traver

CERTIFICATE OF DEATH.

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lutesburg</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1909	Month	July	Day	24
Age	-	Years	-	Months	4
Sex	Female	Color or Race	White	Birth-place	Lutesburg
Occupation	_____		Where Residing if not at place of death _____		
Married, Single or Widowed	Single	Name of Wife or Husband _____			
Father's Name	Harry B. Traver			Father's Birthplace	Frank Co. Mo.
Mother's Maiden Name	Linnie B. Mowen			Mother's Birthplace	Broadford, Va.
Name of person giving information	H. B. Traver			How related to deceased	Father

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Infection</i>	How long	<i>One week</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. Wertz</i>
		Address	<i>Washington</i>
Accident or Suicide?			

July 25th 1909.

J. F. Krops. Undertaker

Interment River View Cemetery

Williamport

Me.

Name
in
Full

Louise Calvin Watts

CERTIFICATE OF DEATH

Died at <i>Hagerstown Md</i>		Town <i>Hagerstown Md</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>July</i>		Day <i>15</i>		Age <i>62</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Clear Spring Md</i>		Months <i>3</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death		Days <i>9</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Catherine E. Watts</i>					
Father's Name <i>Louise Watts</i>		Father's Birthplace <i>Clear Spring Md</i>					
Mother's Maiden Name <i>Matilda Watts</i>		Mother's Birthplace <i>Clear Spring Md</i>					
Name of person giving Information <i>Catherine Watts</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

Primary	<i>Nephritis</i>	How long	<i>6 weeks</i>
Immediate	<i>in Hagerstown</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Webb</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide			

120

Colpus
elephas

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harry A Wayne ^{Infant}

Died at Hagerstown ^{Town} Washington ^{County} **MARYLAND**

Date of death 190 7 ^{Month} 29 ^{Day} Age — ^{Year} — ^{Months} — ^{Days}

Sex Male Color or Race White Birth-place MD

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Harry A Wayne Father's Birthplace Cal

Mother's Maiden Name Bessie M. Gaste Mother's Birthplace MD

Name of person giving Information Harry A Wayne How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still born How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician [Signature] Address Hagerstown MD

Accident or Suicide —

S. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

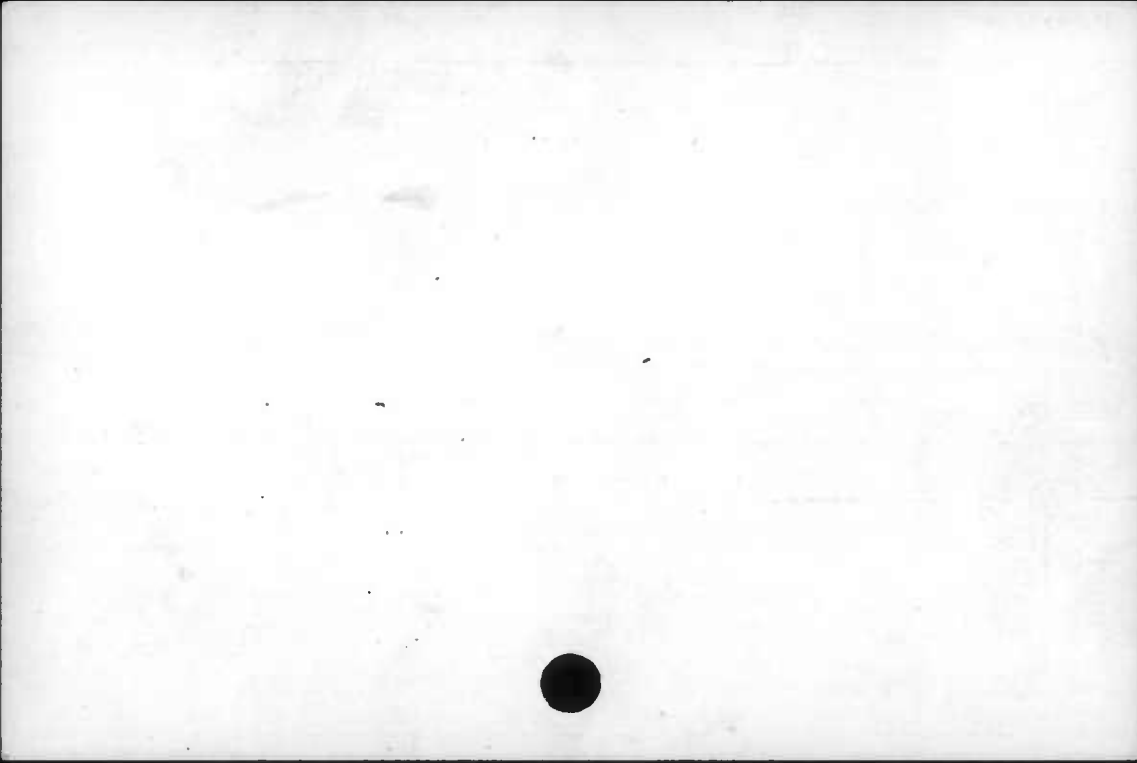
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Margarah Windle		County		Washington		MARYLAND	
Died at		Clear Spring		Month		Day		Years	
Date of death		1909		7		24		Age 60	
Sex		Female		Color or Race		White		Birth-place	
Occupation		House wife		Where Residing if not at place of death		Clear Spring		Wash Va	
Married, Single or Widow		Single		Name of Wife or Husband					
Father's Name		John Windle		Father's Birthplace		Va.			
Mother's Maiden Name		Ruanna Boyd		Mother's Birthplace		Md			
Name of person giving Information		Mrs Schroeder		How related to deceased		Sister.			

CAUSES OF DEATH

Primary	Choleraic Diarrhoea	How long?	Four days
Immediate	Exhaustion	How long?	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. O. Perry	
Accident or Suicide		Address	
		Clear Spring Md	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Hagerstown Md</u> ^{County} <u>Washington</u>		MARYLAND	
Date of death <u>1909</u>	^{Month} <u>6</u> ^{Day} <u>7</u>	^{Years} <u>23</u>	^{Months} <u>none</u> ^{Days} <u>none</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Hagerstown</u>	
Occupation <u>none</u>	Where Residing if not at place of death <u>In Utero</u>		
Married, Single or Widowed <u>Neither</u>	Name of Wife or Husband <u>None</u>		
Father's Name <u>James Luther Wine</u>	Father's Birthplace <u>Virginia</u>		
Mother's Maiden Name <u>Annie Laurie</u>	Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>James Luther Wine</u>	How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Don't Know</u>	How long
Immediate <u>Don't Know</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Charles MD</u>
	Address <u>Hagerstown Md.</u>
Accident or Suicide?	

J. L. Kline

Name
in
Full

CERTIFICATE OF DEATH

Infant Woods

Died at *Hagerstown* ^{Town} *Washington* ^{County} **MARYLAND**
 Date of death 190 ^{Month} *July* ^{Day} *15* Age ^{Years} *—* ^{Months} *—* ^{Days} *—*
 Sex *Male* Color or Race *White* Birth-place *Hagerstown*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
 Father's Name *John E. Woods* Father's Birthplace *Carlisle Pa*
 Mother's Maiden Name *Lorner M. Frash* Mother's Birthplace *Pa*
 Name of person giving Information *John E. Woods* How related to deceased *Father*

CAUSES OF DEATH

Primary *Difficult Labor* How long *✓*
 Immediate *✓* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Wm Duille
Hagerstown Md

Accident or Suicide *no*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Keller Lowman

Name
in
Full

William Gost Jr.

CERTIFICATE OF DEATH

Town

Highfield

County

Died at ~~Blue Ridge Summit~~ Washington

MARYLAND

Date
of death

1909

Month

July

Day

21

Age

Years

Months

9

Days

Sex

male

Color or
Race

white

Birth-
place

Baltimore, Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William Gost

Father's
Birthplace

Baltimore, Md.

Mother's
Maiden Name

Mary Alice Baker

Mother's
Birthplace

Baltimore, Md.

Name of person giving
InformationHow related
to deceased

105

CAUSES OF DEATH

Primary

Enteric Colitis

How long

10 days

Immediate

Anemia

How long

2 days

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

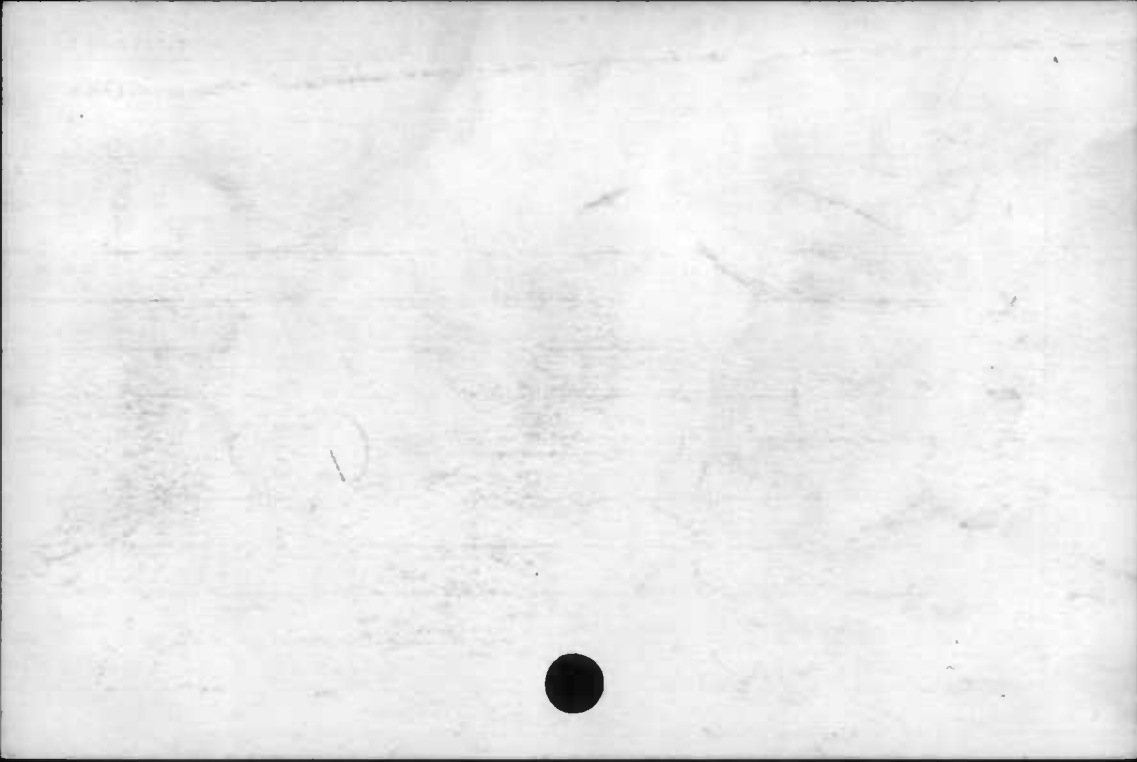
P. Thustall Taylor, M.D.

Address

Hospital for Crippled Children
Blue Ridge Summit Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

No name, infant Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Clearspring ^{County} Washington **MARYLAND**
 Date of death 1909 ^{Month} 7 ^{Day} 20 Age ^{Years} ^{Months} ^{Days} 15
 Sex Female. Color or Race White Birth-place Clearspring.
 Occupation Where Residing if not at place of death Clearspring.

~~Married~~ Single
~~or Widowed~~

Name of Wife or
Husband

Father's
Name

Geo. B. Young.

Father's
Birthplace

Boonboro.

Mother's
Maiden Name

Amelia E. Young

Mother's
Birthplace

Clearspring.

Name of parson giving
Information

How related
to deceased

151

CAUSES OF DEATH

Primary

Immature birth

How long

One month

Immediate

Exhaustion

How long

Twenty four hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Abraham Shank
Clearspring,
Washington County

Address

PHYSICIAN
OR CORONER

~~Accident or Suicide~~

